


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90062 022 \*\*\*150.00

DOCUMENT # F02000000620					
1. Entity Name AC-FOLIEN OF AMERICA, INC.					
Principal Place of Business 14124 JETPORT LOOP FT MYERS, FL 33913			Mailing Address P.O. BOX 111419 NAPLES, FL 34108-0124		
2. Principal Place of Business 8955 FONTANA DEL SOL WAY			3. Mailing Address		
Suite, Apt. #, etc. SOL WAY			Suite, Apt. #, etc.		
City & State NAPLES, FL			City & State		
Zip 34109		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
				Name JANE E LAMBERSON	
				Street Address (P.O. Box Number is Not Acceptable)	
				8955 FONTANA DEL SOL WAY	
				City NAPLES	
				FL	
				Zip Code 34109	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Jane E. Lamberson</u> <span style="float: right;">2/25/04</span>					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOTZENBERG, RONALD 7817 NAPLES HERITAGE DRIVE NAPLES, FL 34112 <input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ronald Kotzenberg</u> <span style="float: right;">03/02/04</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

24051179



02252004 Chg-P CR2E034 (10/03)

4. FEI Number  
59-3755835

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name JANE E LAMBERSON

Street Address (P.O. Box Number is Not Acceptable)

8955 FONTANA DEL SOL WAY

City NAPLES

FL

Zip Code 34109

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jane E. Lamberson

2/25/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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CITY-ST-ZIP  
PSTD  
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NAPLES, FL 34112 ☐ Delete

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SIGNATURE: Ronald Kotzenberg

03/02/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #