2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: KONALD

FILED Feb 16, 2005 08:00 AM Secretary of State DOCUMENT # F02000000620 1. Entity Name AC-FOLIEN OF AMERICA, INC. Principal Place of Business Mailing Address 8955 FONTANA DEL SOL WAY NAPLES FL 34109 P.O. BOX 111419 NAPLES FL 34108-0124 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) Applied For 4. FEI Number City & State City & State 59-3755835 Not Applicable Ζip Country \$8.75 Additional Zìp Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMBERSON, JANE E Street Address (P.O. Box Number is Not Acceptable) 8955 FONTANA DEL SOL WAY NAPLES FL 34109 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition **PSTD** Delete TITLE U00000238932 02/16/05-80010-006 150.00 KOTZENBERG, RONALD MANE NAME STREET ADDRESS STREET ADDRESS 7817 NAPLES HERITAGE DRIVE NAPLES FL 34112 CITY-ST-ZIP CiTY ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition TITLE Delete τιτι Ε NAMÉ SIREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change Addition Delete DDF NAME NAME STREET ADDRESS STREET ADDRESS CitY-ST-ZIP CITY-ST-ZIP 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 1 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

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