

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90274 044 ***150.00

DOCUMENT # F80452

1. Entity Name
MULTI-LINE CANS, INC.



60027307



03242006 Chg-P CR2E034 (11/05)

Principal Place of Business
15000 U.S. HWY 301 NORTH
DADE CITY, FL 33523

Mailing Address
15000 U.S. HWY 301 NORTH
DADE CITY, FL 33523

2. Principal Place of Business

15000 Citrus Country Dr.

Suite, Apt. #, etc.

Suite 202

City & State

Dade City, FL

Zip

33523-240

3. Mailing Address

P.O. Box 97

Suite, Apt. #, etc.

City & State

Dade City, FL

Zip

33526-0097

4. FEI Number
59-2188958

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

REESE, BEN
15000 U.S. HWY 301 NORTH
DADE CITY, FL 33523

7. Name and Address of New Registered Agent

Name

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

15000 Citrus Country Dr.

Suite 202

City

Dade City

FL

Zip Code

33523-240

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

BEN REESE

BEN REESE

03/28/06

(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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
REESE, BEN
15000 U S HIGHWAY 301 NORTH
DADE CITY, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CFO
SONTHEIMER, JACK
15000 U S HIGHWAY 301 NORTH
DADE CITY, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
15000 Citrus Country Dr, Suite 202
Dade City, FL 33523-2401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
15000 Citrus Country Dr, Suite 202
Dade City, FL 33523-2401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
D. Viljoen, day
2101 Chestnut Forest Dr
Tampa, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

BEN REESE

BEN REESE

03/28/06

352-521-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #