

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000002780

FILED
Apr 09, 2008
Secretary of State

Entity Name: AMERICAN CONSUMER PRODUCTS, INC.

Current Principal Place of Business:

221 W 1ST ST
KEWANEE, IL 61433 US

New Principal Place of Business:

Current Mailing Address:

221 W 1ST ST
KEWANEE, IL 61443 US

New Mailing Address:

FEI Number: 34-1376833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CHAI () Delete
Name: GRAZIADIO, G L CHAIRMA
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: CS () Delete
Name: WILLIAMS, BEVERLY J
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: DIRE () Delete
Name: LERNER, PERRY DIRECTO
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: DIRE () Delete
Name: MIKLES, LEE DIRECTO
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIRE (X) Change () Addition
Name: LANG, WILLIAM R DIRECTO
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: DIRE (X) Change () Addition
Name: SANDERS, JAMES F DIRECTO
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

Title: TREA () Change (X) Addition
Name: PONT, STEVEN G TREASUR
Address: 221 W 1ST ST
City-St-Zip: KEWANEE, IL 61443

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN G. PONT

Electronic Signature of Signing Officer or Director

TREA

04/09/2008

_____ Date