

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L81022

Entity Name: AMERITAPE, INC.

FILED
Apr 07, 2005
Secretary of State

Current Principal Place of Business:

11200-6 ST JOHNS INDUSTRIAL PKWY NORTH
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

11236-100 ST JOHNS INDUSTRIAL PKWY S
JACKSONVILLE, FL 32246 US

Current Mailing Address:

11200-6 ST JOHNS INDUSTRIAL PKWY NORTH
JACKSONVILLE, FL 32246 US

New Mailing Address:

11236-100 ST JOHNS INDUSTRIAL PKWY S
JACKSONVILLE, FL 32246 US

FEI Number: 59-3018988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOENER, JAMES H PRES
71 VILLAGE WALK LANE
PONTE VEDRA BEACH, FL 32082 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: DP () Delete
Name: HOENER, JAMES H
Address: 71 VILLAGE WALK LN.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: DVS () Delete
Name: COWANS, SALLY A
Address: 84 FISHERMANS COVE RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALLY A COWANS

DVS

04/07/2005

Electronic Signature of Signing Officer or Director

Date