

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90287 030 ***150.00

DOCUMENT # P00000040163

1. Entity Name

AMERICAN DRAFT, INC.



Principal Place of Business

ROUTE 3, BOX 632
STARKE FL 32091

Mailing Address

ROUTE 3, BOX 632
STARKE FL 32091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3640267

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME DUNCAN, ERNEST
STREET ADDRESS ROUTE 3, BOX 632
CITY-ST-ZIP STARKE FL 32091

TITLE PD ☒ Change ☐ Addition
NAME DUNCAN, ERNEST
STREET ADDRESS 8728 SE 23rd AVE
CITY-ST-ZIP STARKE FL 32091

TITLE STD ☐ Delete
NAME DUNCAN, ZOE
STREET ADDRESS ROUTE 3, BOX 632
CITY-ST-ZIP STARKE FL 32091

TITLE STD ☒ Change ☐ Addition
NAME DUNCAN, ZOE
STREET ADDRESS 8728 SE 23rd AVE
CITY-ST-ZIP STARKE FL 32091

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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. 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:

Zoe Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

19 APR 04 3524736433