

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000117307

1. Entity Name
AMERICAN PRINTING COMPANY, INC.



Principal Place of Business
3149 PONCE DE LEON BLVD UNIT #3
ST AUGUSTINE, FL 32084

Mailing Address
3149 PONCE DE LEON BLVD UNIT #3
ST AUGUSTINE, FL 32084



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3702529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MICHAEL, MILES
3149 PONCE DE LEON BLVD UNIT #3
ST AUGUSTINE, FL 32084

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00** May Be
Added to Fees

000000581848
01/11/07-80006-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	MILES, MICHAEL
STREET ADDRESS	3149 PONCE DE LEON BLVD UNIT #3
CITY - ST - ZIP	ST AUGUSTINE, FL 32084

TITLE	D
NAME	MILES, MICHAEL
STREET ADDRESS	349 JASMINE RD
CITY - ST - ZIP	ST AUGUSTINE, FL 32086

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Miles **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/7 904-824-4550
Date Daytime Phone #