## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 05, 2008 08:00 AN Secretary of State

ANNUAL REPORT							1.1	Šaau	etary of St
DOCUMENT # P0200000980						•		Secr	etary of St
1. Entity Name									•
AMERIC	AN PARK & PL	.AY, INC.							
Principal Plac	ce of Business	·	Mailing Address						
12298 WILE			12298 WILES RD						
	NGS, FL 33076		CORAL SPRINGS,						
						1 (66)(66) (	III ESIIN IINII NUIN NEKII NA	ın Sain Gesii Ba	((B. 1515) (B)(J. 55(176) () (GP)
		:							
DO NOT WRITE IN THIS SPACE					<b>~</b> =	04302008	No Chg-P	CR2E0	34 (11/05)
					JE	4. FEI Numb			Applied For
		Ç				03-038	83940		Not Applicable
						5. Certificate	e of Status Desired		\$8.75 Additional Fee Required
	6. Name and Ad	idress of Current Re	gistered Agent						
	SON, BETH					DΩ	NOT W	DITE	=
12298 WIL	LES RD PRINGS, FL 330	176							•
COIVE	FININGS, FE 330					IN '	THIS SF	PACE	
	•							•	
	e named entity submit		he purpose of changi	ng its registere	ed office or register	ed agent, or be	oth, in the State of Fl	orida. I am I	amiliar with, and accept
(140 ODIIBR	nons or registered ag	G.H			•				
SIGNATURE.		name of registered agent and	l tille if applicable	(NOTE: Registered	f Agent signature required	when reinstating)		DATE	
, .			2 5 2						
FIL After M	E NOW!!! FEE ! ay 1, 2008 Fee	S \$150.00 will be \$550.00		ampaign Finan Contribution.		00 May Be ed to Fees		,	
10.		OFFICERS AND DI	RECTORS						
TITLE	P CULBERTSON, I	octu							
NAME STREET ADDRESS	12298 WILES RE								
CITY-ST-ZIP	CORAL SPRING								
TITLE							0000 00000	009497	
NAME							. 06/03/0	8-8003	9-009 150.00
STREET ADDRESS CITY-ST-ZIP		,					. •		•
TITLE	-							•	
NAME									
STREET ADDRESS						DO	NOT W	DITE	<b>=</b>
CITY-ST-ZIP					•				
TITLE		• 5	•	<i>'</i>		IN '	THIS SF	PACE	
NAME STREET ADDRESS		, á				•••			•
CITY-ST-ZIP		:							
TITLE		· ·				• '	·		
NAME		Ē					-		
STREET ADDRESS		; ,				er.			•
CITY ST-ZIP.		4		*			,		
TITLE									

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:

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.04 /

754.345. 12