

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057682

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: AMERICAN MOULDING CORPORATION

## Current Principal Place of Business:

718 NORTH DRIVE  
MELBOURNE, FL 32934

## New Principal Place of Business:

## Current Mailing Address:

718 NORTH DRIVE  
MELBOURNE, FL 32934

## New Mailing Address:

FEI Number: 03-0452041

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SICOLI, ROBERT  
630 HUNAN STREET  
PALM BAY, FL 32905 US

## Name and Address of New Registered Agent:

SICOLI, ROBERT  
630 HUNAN STREET  
PALM BAY, FL 32907 US

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:

01/09/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SICOLI, ROBERT  
Address: 630 HUNAN STREET  
City-St-Zip: PALM BAY, FL 32905

Title: VPT ( ) Delete  
Name: BRYANT, CHRIS  
Address: 1150 OLD PARSONAGE DR  
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPS ( ) Delete  
Name: SICOLI, JOHN  
Address: 800 SEPTEMBER AVE  
City-St-Zip: PALM BAY, FL 32907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SICOLI, ROBERT  
Address: 630 HUNAN STREET  
City-St-Zip: PALM BAY, FL 32907

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 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: ROBERT SICOLI

P

01/09/2007

Electronic Signature of Signing Officer or Director

Date