


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000113516</b> 1. Entity Name AMERICAN INDUSTRIES, INC	
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Principal Place of Business 441 SOUTH STATE ROAD 7, #15 MARGATE, FL 33068	Mailing Address 441 SOUTH STATE ROAD 7, #15 MARGATE, FL 33068
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  VAN HARREN, DANIEL 441 SOUTH STATE ROAD 7, #15 MARGATE, FL 33068
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02072005 No Chg-P CR2E034 (10/03)

4. FEI Number 14-1852147	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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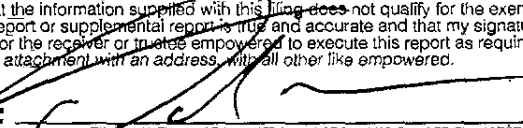
10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VAN HARREN, DANIEL 441 SOUTH STATE ROAD 7, #15 MARGATE, FL 33068
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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1000000238684  
02/22/05-80010-011 8.75

1000000238684  
02/22/05-80010-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **2-15-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #