

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90092 040 ***150.00

DOCUMENT # P04000144326 1. Entity Name AMERICAN CLOSURES, INC.			
Principal Place of Business 25 VIRGINIA AVE. DELAND, FL 32724		Mailing Address 25 VIRGINIA AVE. DELAND, FL 32724	
2. Principal Place of Business 192 BAXTER Rd Suite, Apt. #, etc.		3. Mailing Address 192 BAXTER Rd Suite, Apt. #, etc.	
City & State LAKE HELEN Zip 32744		City & State LAKE HELEN Zip 32744	
Country U.S.		Country U.S.	
4. FEI Number 20-1769443		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FORAKER, SHAWN A 25 VIRGINIA AVE. DELAND, FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 192 BAXTER Rd LAKE HELEN City FL Zip Code 32744	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORAKER, SHAWN A 25 VIRGINIA AVE. DELAND, FL 32724 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 192 BAXTER Rd LAKE HELEN, FL 32744
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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: <u>Shawn Foraker</u> SHAWN FORAKER, Pres 5/3/05 386-748-4509 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			