2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000144326

1. Entity Name

AMERICAN CLOSURES, INC.

FILED Jul 03, 2006 8:00 am Secretary of State

07-03-2006 90002 006 ***150.00

Principal Place of Business

192 BAXTER RD LAKE HELEN, FL 32744 Mailing Address

25 VIRGINIA AVE. DELAND, FL 32724

192 BANLER Rd LAKeHelen F332744

06242006

No Chg-P

CR2E034 (11/05)

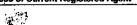
4. FEI Number 20-1769443 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744



DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ions of registered agent.	e purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signeture, typod or printed earne of registered agent and ti	tle if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Election Campaign Finance Trust Fund Contribution.	cing	\$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 DIF	ECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744 P FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744 VP FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744 LAKE HELEN, FL 32744		DO NOT WRITE		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744 S FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744		IN THIS SPACE		

12. I hereby certify that the information supplied with this filling 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 trustate empowered to precure 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 appears, with all other like empowered.

CI	\sim N	ATI	IRF
		-	IRC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SHAWN FORAKER, FRES.
SEGNATURE AND TYPED OR PRINTED HAME OF SEGNING OFFICER OR DIRECTOR

6/24/0 (384)748- 4 Date Daytime Pho