

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

07-03-2006 90002 006 ***150.00

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1. Entity Name
AMERICAN CLOSURES, INC.



Principal Place of Business
**192 BAXTER RD
LAKE HELEN, FL 32744**

Mailing Address
**25 VIRGINIA AVE.
DELAND, FL 32724**

*192 Baxter Rd
Lake Helen FL 32744*



06242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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

TITLE	D
NAME	FORAKER, SHAWN A
STREET ADDRESS	192 BAXTER RD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	P
NAME	FORAKER, SHAWN A
STREET ADDRESS	192 BAXTER RD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	VP
NAME	FORAKER, SHAWN A
STREET ADDRESS	192 BAXTER RD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	T
NAME	FORAKER, SHAWN A
STREET ADDRESS	192 BAXTER RD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	S
NAME	FORAKER, SHAWN A
STREET ADDRESS	192 BAXTER RD
CITY-ST-ZIP	LAKE HELEN, FL 32744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHAWN FORAKER, Pres. 6/24/06 (381)748-4509

Date

Daytime Phone #