

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2008 8:00 am
Secretary of State

03-19-2008 90023 001 ***150.00

DOCUMENT # P040001443261			
1. Entity Name AMERICAN CLOSURES, INC.			
Principal Place of Business 192 BAXTER RD LAKE HELEN, FL 32744		Mailing Address 192 BAXTER RD LAKE HELEN, FL 32744	
2. Principal Place of Business - No P.O. Box # 2320 Pine Hill PL		3. Mailing Address 2320 Pine Hill PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orange City, FL		City & State Orange City, FL	
Zip 32763		Country VOLUSIA	
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 192 BAXTER RD LAKE HELEN, FL 32744		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2320 Pine Hill PL City Orange City FL Zip Code 32763	
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) DATE: _____			
FILE NOW!! - FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORAKER, SHAWN A 192 BAXTER RD LAKE HELEN, FL 32744	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2320 Pine Hill PL Orange City, FL 32763
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____		Date: 3-14-08 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			