

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095132

Entity Name: AMERICURB, INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

209 AVENUE O SW  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

1614 DUNDEE ROAD  
WINTER HAVEN, FL 33884

## Current Mailing Address:

209 AVENUE O SW  
WINTER HAVEN, FL 33880

## New Mailing Address:

PO BOX 2469  
WINTER HAVEN, FL 33883 24

FEI Number: 20-3099225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BULOW, VINCENT BERT  
209 AVENUE O SW  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

SHULL, JUDITH N  
1614 DUNDEE ROAD  
WINTER HAVEN, FL 33884 US

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.

SIGNATURE: JUDITH N SHULL

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: BULOW, VINCENT BERT  
Address: 209 AVENUE O SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SHULL, JUDITH  
Address: PO BOX 2469  
City-St-Zip: WINTER HAVEN, FL 33883 US

Title: VPD ( ) Change (X) Addition  
Name: BULOW, CHRISTINA  
Address: 1943 ELOISE COVE DR  
City-St-Zip: WINTER HAVEN, FL 33884 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH N SHULL

P

04/17/2007

Electronic Signature of Signing Officer or Director

Date