2005 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000064495

FILED Jan 10, 2005 8:00 am Secretary of State 01-10-2005 90017 048 ***150.00

1. Entity Nam AMERICA	NO AN BUILDINGS & C	ARPORTS I	MFG., INC.									
Principal Place of Business Mailing Address												
			1829 RHODINE ROAD IVERVIEW, FL 33569								50	001008
2. Principal Place of Business 3			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01062005	Chg-P	•	CR2E	034 (10/03)	
City & State			City & State			• •	4. FEI Number 59-3260184				oplied For ot Applicable	
Zip Country			Zip	try	5. Certificate of Stat			esired	S8.75 Additional Fee Required			
	6. Name and Address	of Current Regis	tered Agent		Name		7. Name and	Address of	New Re	gistered	i Agent	
RIEGLER, LINDA 11829 RHODINE ROAD						diress (P.O. Box Numb	er is Not Acc	entable)		
RIVERVIEW, FL 33569												
					City		FL Zip Code					le
8. The above the obligat	named entity submits this s tions of registered agent.	atement for the p	ourpose of changing its	registere	ed office or	register	ed agent, or bo	th, in the Sta	te of Flo	rida. I an	n familiar with	and accept
SIGNATURE	Signature, typed or printed name of re	gistered agent and title	it applicable. (NOT	E: Registered	d Agent signatu	re required	when reinstating)			DATE		
	E NOW!!! FEE IS \$15 ay 1, 2005 Fee will b		Election Campa Trust Fund Cont		ncing		00 May Be ed to Fees			· ·		
10.		ERS AND DIREC		11,			ADDITIONS	/CHANGES	TO OFFI	CERS AN	ID DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIEGLER, LINDA 11829 RHODINE ROAI RIVERVIEW, FL 33569		☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	D GONZALEZ, GEORGE 11829 RHODINE ROAL		☐ Delete	TITLE							☐ Change	☐ Addition
CITY-ST-ZIP	RIVERVIEW, FL 3356				-ST-ZIP							
NAME STREET ADDRESS CITY-ST-ZIP				1	PD Gon 118 R1	nzalez, George A., Addition Raa Rhodine Road						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						<u> </u>		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAMI STRE		•					☐ Change	Addition
TITLE NAME	<u> </u>	Na v	☐ Delete	TITLE	Ε						☐ Change	Addition
STREET ADORESS CITY-ST-ZIP	-				ET ADDRESS - St- Zip							
indicated	certify that the information so d on this report or supplement reporation or the receiver or to	tal report is true	and accurate and that :	my signat	ture shall h	ave the :	same legal effe	ct as if made	under a	ath: that	I am an office	r or director

Linda G. Riegler 1/8/05