

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90040 030 ***150.00

DOCUMENT # P96000036557

1. Entity Name
AMCAN FASTENERS, INC.



Principal Place of Business
**1350 MARIE-VICTORIN
SAINT-BRUNO QUEBEC, J3V 6B9, CA**

Mailing Address
**1350 MARIE-VICTORIN
SAINT-BRUNO QUEBEC, J3V 6B9, CA**

40001030



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0696233

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**IBC FIDUCIARY INC
100 S.E 2ND STREET, SUITE 2222-A
MIAMI, FL 33131**

**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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PSTD
CALGARO, JEAN
1350 MARIE-VICTORIAN
SAINT BRUNO QUEBEC, J3V 6B9,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DUTIL, MARCEL
99 PAGNUELO
OUTREMONT, QUEBEC, CA**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
COTE MARIO
1014 BEAUGRAND
Beloeil, Quebec CA.**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
DESAULNIERS MICHEL
1110 BEAUGRAND
Beloeil, QUEBEC CA.**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

Date

Daytime Phone #

APRIL 22nd 07

800-661-2658