


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90067 011 ***150.00

DOCUMENT # P96000046417	
1. Entity Name CANVAS PRODUCTS ENTERPRISES, INC.	

Principal Place of Business 2376 S.W. 14TH STREET POMPANO BEACH FL 33062	Mailing Address 2376 S.W. 14TH STREET POMPANO BEACH FL 33062
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2. Principal Place of Business 4601 Powerline Rd. Suite, Apt. #, etc.	3. Mailing Address OAKLAND ACCOUNTING SERVICE 6240 AVENTURA DR. SARASOTA, FL 34241
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City & State Ft. Lauderdale	4. FEI Number 65-0671032	Applied For Not Applicable
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Zip 33309	Country Broward	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OAKLAND ACCOUNTING SERVICE 6240 AVENTURA DR. SARASOTA FL 34241	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME SHAFFER, NORMA	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 811 S.E. 6TH AVE.		NAME	
CITY-ST-ZIP POMPANO BEACH FL 33060		STREET ADDRESS	
TITLE P <input type="checkbox"/> Delete	NAME BYLINSKY, STEVE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 2376 S.E. 14 ST		NAME	
CITY-ST-ZIP POMPANO BEACH FL		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: STEVEN F. BYLINSKY **PRESIDENT** 2-16-05 954 772 1547
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #