

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000051216

FILED
Mar 15, 2004
Secretary of State

Entity Name: AMERICAN HARVESTING SYSTEMS, INC.

Current Principal Place of Business:

121 DOLLY ST.
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

121 DOLLY ST
PUNTA GORDA, FL 33950 US

New Mailing Address:

13500 SHAKER BLVD. #501
CLEVELAND, OH 44120 US

FEI Number: 65-0944121

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASKINS, GREGORY B
121 DOLLY ST
PUNTA GORDA, FL 33950

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GASKINS, GREGORY B
Address: 121 DOLLY ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: P () Delete
Name: GASKINS, PATRICIA M
Address: 121 DOLLY ST
City-St-Zip: PUNTA GORDA, FL 33950

Title: S () Delete
Name: GASKINS, AMY
Address: 121 DOLLY ST
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: GASKINS, PATRICIA M
Address: 121 DOLLY STREET
City-St-Zip: PUNTA GORDA, FL 33950

Title: S (X) Change () Addition
Name: GASKINS, AMY
Address: 13500 SHAKER BOULEVARD #501
City-St-Zip: CLEVELAND, OH 44120

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA GASKINS

P

03/15/2004

Electronic Signature of Signing Officer or Director

Date