

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000067286 1. Entity Name A1A CONTRACTING INC.	
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Principal Place of Business 296 SW CABANA POINT CIR. STUART, FL 34994	Mailing Address 296 SW CABANA POINT CIR. STUART, FL 34994
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DO NOT WRITE IN THIS SPACE



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3780342	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TIEMEYER, ANDREW 296 SW CABANA POINT CIR. STUART, FL 34994
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000918818 05/13/08-80097-003 150:00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TIEMEYER, ANDREW 409 SE VOLTAIR TERR PORT ST. LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TIEMEYER, DARREN 296 SW CABANA POINT CIR. STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEMEYER, THEODORE 3301 SW TURNABOUT LANE STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **3/31/08 (112) 781-3773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #