DOCUMENT # 435658

1. Entity Name
A CEILING CONTRACTOR, INC.

FILED
Jul 06, 2006 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
4715 SW 51ST STREET DAVIE, FL 33314 US	4715 SW 51ST ST DAVIE, FL 33314 US

07032006 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-1349978
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRILL, THEODORE F ESQ
8211 W. BROWARD BLVD.
SUITE 360
PLANTATION, FL 33324

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

U00000567991
07/06/06-80003-011 550.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	IDE, JAMES P. JR.
STREET ADDRESS	8941 N. LAKE DASHA DRIVE
CITY-ST-ZIP	PLANTATION, FL
TITLE	V
NAME	FAASSE, MICHAEL
STREET ADDRESS	100 N.W. 76TH AVENUE, APT 311
CITY-ST-ZIP	PLANTATION, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

954581

SIGNATURE: _____ President 7-3-06 8039
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTING OFFICER OR DIRECTOR — Date — Daytime Phone #