

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59781

FILED
Apr 14, 2008
Secretary of State

Entity Name: ALL CITY CARBIDE & SUPPLY, INC.

Current Principal Place of Business:

618 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

PO BOX 92855
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 59-2997219

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, W. KEITH
618 APPLEWOOD AVE
ALTAMONTE SPRINGS, FL 32714 US

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: D () Delete
Name: JOHNSON, W. KEITH,
Address: 618 APPLEWOOD AVE.
City-St-Zip: ALTAMONTE SPRGS, FL

Title: D () Delete
Name: EASTIN, RICKY C.,
Address: 571 CARLISLE AVE.
City-St-Zip: ALTAMONTE SPRGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: W. KEITH JOHNSON

OWNE

04/14/2008

Electronic Signature of Signing Officer or Director

Date