

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000045167

FILED
Jan 06, 2009
Secretary of State

Entity Name: A & B SUPPLY OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

806 EAST 13TH STREET
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

806 EAST 13TH STREET
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3730136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENT, EDWARD G
308 EAST FIFTH AVE.
MT. DORA, FL 32757 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: V D () Delete
Name: ADAMS, ANTHONY W JR.
Address: 940 COUNTRY CHARM CIR.
City-St-Zip: OVIEDO, FL 32765 US

Title: S D () Delete
Name: ADAMS, AARON W
Address: 12936 DAUGHTERY DRIVE
City-St-Zip: WINTER GARDEN, FL 34787 US

Title: P D () Delete
Name: ADAMS, SAMUEL C
Address: 313 W. WILLIAMS AVE
City-St-Zip: APOPKA, FL 32712 US

Title: T () Delete
Name: CHRISTOPHER, ADAMS T
Address: 335 W. WILLIAMS AVE
City-St-Zip: APOPKA, FL 32712 US

Title: D () Delete
Name: ANTHONY, ADAMS W SR
Address: 1442 ATLANTIS DRIVE
City-St-Zip: APOPKA, FL 32703 US

Title: D () Delete
Name: BYRON, ADAMS D
Address: 305 W. WILLIAMS AVE
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: AARON W. ADAMS

SD

01/06/2009

Electronic Signature of Signing Officer or Director

Date