

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000054510

Entity Name: A-ONE HUNDRED CORP.

FILED
Jul 07, 2008
Secretary of State

Current Principal Place of Business:

600 N. STATE ST.
BUNNELL, FL 32110

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 899
BUNNELL, FL 32110

New Mailing Address:

FEI Number: 59-3735071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIUMENTO, MICHAEL D ESQ.
4 OLD KINGS RD. NORTH
STE. B
PALM COAST, FL 32137 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, LESLEY
Address: 600 N STATE ST
City-St-Zip: BUNNELL, FL 32110

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP () Change (X) Addition
Name: ANDERSON, EVERETT W III
Address: 600 N STATE ST
City-St-Zip: BUNNELL, FL 32110

Title: S/T () Change (X) Addition
Name: GARNER, LAUREN A
Address: 600 N STATE ST
City-St-Zip: BUNNELL, FL 32110

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: LESLEY ANDERSON

P

07/07/2008

Electronic Signature of Signing Officer or Director

Date