2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000137361

Address:

City-St-Zip:

FILED Jan 24, 2008 Secretary of State

Entity Na	me: APPLE	EBY'S CONCRE	TE & ALUMINUM,	INC.				
Current Principal Place of Business:				New Principal Place of Business:				
1380 N W OCALA, F	120TH AVE L 34482	NUE						
Current Mailing Address:				New Mailing Address:				
1380 N W OCALA, F	120TH AVE L 34482	NUE						
FEI Number	: 20-0522644	FEI Number	Applied For ()	FEI Number Not App	icable ()	Certificate of Status Desired	()	
Name and	l Address o	of Current Regi	stered Agent:	Name and	Address of	New Registered Agent:		
HALE BUSINESS SERVICES, INC. 37 VILLAGE DRIVE FLAGLER BEACH, FL 32136 US				307 N.E. Ś	ROBSON,SCRIBNER&STEW,P.A. 307 N.E. 36TH AVENUE,SUITE#1 OCALA,, FL 34470 US			
	e named enti e of Florida.	ity submits this s	statement for the p	urpose of changing i	ts registered	l office or registered agent, o	r both,	
SIGNATURE: SUZANNE STEWART					01/24/2008			
	Elect	ronic Signature	of Registered Age	nt		Date		
Election Car	mpaign Finan	cing Trust Fund C	ontribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P/T APPLEBY, I 1380 N W 1 OCALA, FL	20TH AVENUE		Title: Name: Address: City-St-Zip:	1	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VP APPLEBY, I 1380 N.W. OCALA, FL	120TH AVENUE		Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name: Address: City-St-Zip:		() Delete JOHNATHAN 20TH AVENUE 34482		Title: Name: Address: City-St-Zip:	1	() Change () Addition		
Title: Name:		() Delete		Title: Name:		() Change (X) Addition YNTHIA M TREASUR		

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.

Address:

City-St-Zip:

1380 N.W.120AVENUE

OCALA,, FL 34482

SIGNATURE: CYNDI APPLEBY SEC. 01/24/2008