## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT** DOCUMENT # P03000150905 1. Entity Name A & A BUILDERS INC

Principal Place of Business

Mailing Address

FILED

2008 NOV -4 AM 8: 32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2926 6TH AV ST PETE, FL		2926 6TH AVE NORTH ST PETE, FL 33713	2926 6TH AVE NORTH ST PETE, FL 33713 US					(4)11 68(51 81)		
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address	ing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		09082008	Chg-P	CR2E034	4 (12/06)		
City & State		City & State	City & State		4. FEI Numb 27-419			<u> </u>	plied For t Applicable	
Zip	Country	Zip	Countr	y	5. Certificate	of Status Desired	□ <b>\$</b>	8.75 Add	itional	
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent				
STIPE, MIC 2926 6TH / ST PETE, I	AVE NORTH		Street Addre		dress (P.O. Box Numb	ess (P.O. Box Number is Not Acceptable)				
			City				FL	Zip Code	)	
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										
FILE NOW!!! FEE IS \$550.00  Due by September 12, 2008  9. Election Campaign Fina Trust Fund Contribution.					\$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11.		ADDITIONS	CHANGES TO OFF	ICERS AND [	DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ' STIPE, MICHAEL 2926 6TH AVE NORTH ST. PETERSBURG, FL 33713	VE NORTH ST		I ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRABILL, LARRY J 14597 117TH AVE. LARGO, FL 33774			r adoress st-zip	117	<b>100137</b> )4/080101	807	Puri E	o Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRABILL, CHRISTOPHER A 14597 117TH AVE. LARGO, FL 33774	Delete	TITLE NAME STREET CITY-S	r address St-zip				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	F ADDRESS ST - ZIP		,		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	REIN	STATI	EMI	ENT 1	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				Change	Addition	

12. I hereby certify that the information supplied with this filling 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 office flor 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.

SIGNATURE:

10 /15/08 - TO celhor it may concern. I Never recited an annual report Notice to There were eight mouths

out of state, due to lack of construction work in Florida - and death in family, sorry