


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90030 023 ***150.00

DOCUMENT # P05000023389

1. Entity Name
ACE CONCRETE CONSTRUCTION, INC.



Principal Place of Business
**6516 CLAIR SHORE DRIVE
APOLLO BEACH, FL 33572**

Mailing Address
**6516 CLAIR SHORE DRIVE
APOLLO BEACH, FL 33572**

2. Principal Place of Business - No P.O. Box #
6516 Clair Shore Drive

Suite, Apt. #, etc.

3. Mailing Address
FL 33572

Suite, Apt. #, etc.

City & State
APOLLO Beach FL

Zip
33572

Country
HILLSBOROUGH

70200000



04072008 Chg-P CR2E034 (12/06)

4. FEI Number
56-2501555

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NORMAN, TED S
6516 CLAIR SHORE DRIVE
APOLLO BEACH, FL 33572**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

same as Above

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 **TED S Norman** (NOTE: Registered Agent signature required when reinstating)

DATE **4-28-08**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T NORMAN, TED S 6516 CLAIR SHORE DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S NORMAN, KRISTINA M 6516 CLAIR SHORE DRIVE APOLLO BEACH, FL 33572 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-28-08** Daytime Phone # **(813) 784-8050**