

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000082610

1. Entity Name
A&B CONCRETE CONSTRUCTION INC



Principal Place of Business
203 E BAY STREET
WINTER GARDEN, FL 34787 US

Mailing Address
203 E BAY STREET
WINTER GARDEN, FL 34787 US

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2967896

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

QUARRELLS, LEON
203 E BAY STREET
WINTER GARDEN, FL 34787

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renouncing)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

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

000000956886
08/01/08-80004-009 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUARRELLS, LEON
STREET ADDRESS	203 E BAY STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	ANDERSON, ANDREW L JR
STREET ADDRESS	203 E BAY STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	QUARRELLS, DELORES
STREET ADDRESS	203 E BAY STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	D
NAME	ANDERSON, ANDREW SR
STREET ADDRESS	203 E BAY STREET
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Delores Quarrells
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/08 (407)877-0927
Date Daytime Phone #