

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90101 006 ***150.00

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03042008 Chg-P CR2E034 (12/06)

4. FEI Number 20-4004186 Applied For Not Applicable

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

DOCUMENT # P05000167747

1. Entity Name
A & L MATERIALS, INC.



Principal Place of Business
715 PINE ROAD
AUBURNDAL, FL 33823

Mailing Address
P.O. BOX 248
AUBURNDAL, FL 33823

2. Principal Place of Business - No P.O. Box #
1443 41st St NW

3. Mailing Address
Suite, Apt. #, etc.

City & State
Winter Haven, FL

Zip
33881

Country

6. Name and Address of Current Registered Agent

STEPHENS, SANDRA L C.P.A.
217 MAIN STREET
AUBURNDAL, FL 33823

7. Name and Address of New Registered Agent

Name

Street Address (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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE P
NAME MCKERAHAN, DANIEL ☐ Delete
STREET ADDRESS 715 PINE ROAD
CITY-ST-ZIP AUBURNDAL, FL 33823

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P/Treasurer
NAME mckarahan, Daniel ☐ Change ☒ Addition
STREET ADDRESS same as shown in 10
CITY-ST-ZIP of office of Treasurer

TITLE VP/Sec
NAME mckarahan, Julian ☐ Change ☒ Addition
STREET ADDRESS 715 Pine Road
CITY-ST-ZIP Auburndale, FL 33823 not previously shown

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/08 863965-8296