



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 16, 2007 8:00 am**  
**Secretary of State**

08-16-2007 90013 015 \*\*\*150.00

<b>DOCUMENT # P06000107469</b>					
<b>1. Entity Name</b> <b>A&amp;E SUPPLY, INC.</b>					
<b>Principal Place of Business</b> 14312 NUGENT CIRCLE SPRING HILL, FL 34609    US			<b>Mailing Address</b> 14312 NUGENT CIRCLE SPRING HILL, FL 34609    US		
<b>2. Principal Place of Business - No P.O. Box #</b> 10161 County Line Road Suite, Apt. #, etc. #357 City & State Springs Hill FL Zip 34608    Country USA		<b>3. Mailing Address</b> 3069 ANDERSON SNOW ROAD Suite, Apt. #, etc. #118 City & State Springs Hill FL Zip 34609    Country USA			
<b>4. FEI Number</b> 20-5392967				07092007    Chg-P    CR2E034 (12/06)	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FAUCHER, CLAUDE J 14312 NUGENT CIRCLE SPRING HILL, FL 34609			<b>7. Name and Address of New Registered Agent</b> Name ANTOINETTE T. WALLS Street Address (P.O. Box Number is Not Acceptable) 14322 NUGENT CIRCLE City Springs Hill FL    Zip Code 34609		
<b>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.</b> SIGNATURE <u>Antoinette T Walls Pres. Antoinette T WALLS</u> DATE 8-13-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE DIR NAME FAUCHER, CLAUDE J STREET ADDRESS 14312 NUGENT CIRCLE CITY-ST-ZIP SPRING HILL, FL 34609	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME ANTOINETTE T. WALLS STREET ADDRESS 14322 NUGENT CIRCLE CITY-ST-ZIP SPRING HILL, FL 34609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE CEO NAME FAUCHER, CLAUDE J STREET ADDRESS 14312 NUGENT CIRCLE CITY-ST-ZIP SPRING HILL, FL 34609	<input checked="" 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	<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	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Antoinette T Walls Pres. Antoinette T. WALLS</u> Date 8-13-07    Daytime Phone # 727 236 0219 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					