

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90176 042 \*\*\*150.00

<b>DOCUMENT # P06000107469</b>					
<b>1. Entity Name</b> <b>A&amp;E SUPPLY, INC.</b>					
<b>Principal Place of Business</b> 10161 COUNTYLINE ROAD #357 SPRING HILL, FL 34608 US			<b>Mailing Address</b> 3069 ANDERSON SNOW ROAD #118 SPRING HILL, FL 34609 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 2465 ANDERSON SNOW RD Suite, Apt. #, etc. 7024		<b>3. Mailing Address</b> 3069 ANDERSON SNOW RD Suite, Apt. #, etc. #118			
<b>City &amp; State</b> Spring Hill, Florida Zip 34609		<b>City &amp; State</b> Spring Hill, FL Zip 34609		<b>4. FEI Number</b> 20-5392967	
<b>Country</b> USA		<b>Country</b> HERNANDO		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WALLS, ANTOINETTE T 14322 NUGENT CIRCLE SPRING HILL, FL 34609			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIR</b> <b>FAUCHER, CLAUDE J</b> <b>14312 NUGENT CIRCLE</b> <b>SPRING HILL, FL 34609</b>	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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 4/26/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					