

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000135847

Entity Name: A1 SUPPLY COMPANY, INC.

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

721 NORTHLAKE BLVD., SUITE C-1
N. PALM BCH, FL 33408

New Principal Place of Business:

Current Mailing Address:

721 NORTHLAKE BLVD., SUITE C-1
N. PALM BCH, FL 33408

New Mailing Address:

FEI Number: 20-5832936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONELON, THOMAS
7711 N. MILITARY TRAIL, SUITE 203
PALM BCH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MUNTZ, DEBORAH
Address: 2780 OLD MILITARY TRAIL, #27
City-St-Zip: W. PALM BCH, FL 33417

Title: P () Delete
Name: TOTKA, CINTHIA
Address: 2013 20TH LANE
City-St-Zip: PALM BCH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINTHIA TOTKA

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date