


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000153691 1. Entity Name ACP CONTRACTING, INC.	
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FILED
Jul 30, 2008 08:00 AM
Secretary of State

Principal Place of Business 15790 ROLLING MEADOWS CIR. WELLINGTON, FL 33414 US	Mailing Address 15790 ROLLING MEADOWS CIR. WELLINGTON, FL 33414 US
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05092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-8044502	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PRIBYL, AARON C
15790 ROLLING MEADOWS CIR
WELLINGTON, FL 33414

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PRIBYL, NATALIE D 15790 ROLLING MEADOWS CIR. WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T, S PRIBYL, AARON C 15790 ROLLING MEADOWS CIR. WELLINGTON, FL 33414
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U00000956642
U7/30/08-80001-004 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____