


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90185 030 ***150.00

DOCUMENT # P07000024435					
1. Entity Name AMER-A-CRETE, INC					
Principal Place of Business 20364 NW CR 236 HIGH SPRINGS, FL 32643			Mailing Address 20364 NW CR 236 HIGH SPRINGS, FL 32643		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JERKINS, SHAWN T 20364 NW CR 236 HIGH SPRINGS, FL 32643			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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD JERKINS, SHAWN T 20364 NW CR 236 HIGH SPRINGS, FL 32643		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BENNETT, MICHAEL A 1692 SW CARL WILSON ROAD FT WHITE, FL 32038		<input type="checkbox"/> Delete		
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: <u>Shawn Jerkins</u> 4-30-08 352-758-6969					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					