

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90074 036 \*\*\*150.00

**DOCUMENT # P95000050734**

1. Entity Name  
AK-U-BUILD INC.



Principal Place of Business  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

Mailing Address  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

**60008289**



01162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3321854**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MCDONALD, KATHLEEN A  
4159 MAJESTIC OAK LN  
BROOKSVILLE, FL 34602

**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 Kathleen A. McDonald KATHLEEN A MCDONALD SD 1-22-07  
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  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME MCDONALD, CHARLES C.  
STREET ADDRESS 4159 MAJESTIC OAK LN  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE SD  
NAME MCDONALD, KATHLEEN A.  
STREET ADDRESS 4159 MAJESTIC OAK LN  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE T  
NAME MCDONALD, CHARLES M.  
STREET ADDRESS 820 PARADISE BLVD.  
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ~~V~~  
NAME ~~ALLEN, MARK~~  
STREET ADDRESS ~~1871 18TH AVE, SW~~ **DELETE**  
CITY-ST-ZIP ~~LARGO, FL~~

TITLE V  
NAME MCDONALD, TREVER D  
STREET ADDRESS 4159 MAJESTIC OAK LN.  
CITY-ST-ZIP BROOKSVILLE, FL 34602

TITLE V  
NAME MCDONALD, BRITTNEY N  
STREET ADDRESS 4159 MAJESTIC OAK LN  
CITY-ST-ZIP BROOKSVILLE, FL 34602

**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: Kathleen A. McDonald KATHLEEN A MCDONALD 1-22-07 3327960088  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #