2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED Jan 24, 2008 08:00 AN Secretary of State



01052008

No Chg-P

CR2E034 (11/05)

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

DO NOT WRITE IN THIS SPACE

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

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	office or I	registered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	empleship (MOTE Genishing &	nont slaggh s	e required when reinscating)	DATE .
<u></u>	Signature, typed or printed name of registated agent and too it	applicable. (NOTE, registered A	Deur ziörister	e (admiled when (establishing)	UATE
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financial Trust Fund Contribution.	ng 🗆	\$5.00 May Be -	
10.	OFFICERS AND DIREC	TORS		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONALD, CHARLES C. 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602	·			U00000793775 01/25/08-80022-009 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCDONALD, KATHLEEN A. 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602				01/25/08-80022-003 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCDONALD, CHARLES M. 820 PARADISE BLVD. TARPON SPRINGS, FL 34689			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, TREVER D 4159 MAJESTIC OAK LN. BROOKSVILLE, FL 34602			\$ 3. F	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCDONALD, BRITTNEY N 4159 MAJESTIC OAK LN BROOKSVILLE, FL 34602				
ITTLE					

CICNATURE. Charles Ma Donald

STREET ADORESS CITY-ST-ZIP

^{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.