

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000086894

1. Entity Name
ALTERATIONS UNLIMITED CONTRACTING, INC.



FILED

07 JUL 12 PM 1:37

Principal Place of Business
5033 PAULINE ST.
MILTON, FL 32583 US

Mailing Address
5033 PAULINE ST
MILTON, FL 32583 US

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

07042007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3346780

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BURKETTE, CAROL CALKINS
5033 PAULINE ST.
MILTON, FL 32583

Name SHAWN D. BURKETTE
Street Address (P.O. Box Number is Not Acceptable)
5033 PAULINE ST.
City MILTON FL Zip Code 32583

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

Shawn D. Burkette

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when remaining)

DATE

Amended AR is \$61.25

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BURKETTE, CAROL CALKINS
STREET ADDRESS 5033 PAULINE ST.
CITY-ST-ZIP MILTON, FL 32583 ☒ Delete

TITLE P
NAME SHAWN D. BURKETTE
STREET ADDRESS 5033 PAULINE ST
CITY-ST-ZIP MILTON FL 32583 ☒ Change ☐ Addition

TITLE VP
NAME BURKEETTE, SHAWN D
STREET ADDRESS 5033 PAULINE ST
CITY-ST-ZIP MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS 500106408995
CITY-ST-ZIP 07/19/07--01056--006 **61.25 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Shawn D. Burkette

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

850-623-9176

7/10/07