


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED ORIGINAL
 Mar 26, 2008 08:00 AM
 Secretary of State

DOCUMENT # P99000038485
 1. Entity Name
 A-2-Z CONCRETE CONSTRUCTION INC.



Principal Place of Business: 8532 WIDE RD. TALLAHASSEE, FL 32310
 Mailing Address: 8532 WIDE RD. TALLAHASSEE, FL 32310

DO NOT WRITE IN THIS SPACE



03062008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3575161	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ZORN, WILLIAM E
 8532 WIDE RD.
 TALLAHASSEE, FL 32310

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

U00000871368
 04/09/08-80127-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ZORN, WILLIAM E
STREET ADDRESS	8532 WIDE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	D
NAME	ZORN, CAROL
STREET ADDRESS	8532 WIDE RD.
CITY-ST-ZIP	TALLAHASSEE, FL 32310
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: William E Zorn WILLIAM E. ZORN 3-25-08 528-3129
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #