

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # P99000068986

1. Entity Name

A COMPLETE ASSEMBLY, INC.



Principal Place of Business

140 W MYERS BLVD
MASCOTTE, FL 34753

Mailing Address

P.O. BOX 39
MASCOTTE, FL 34753



02072007 No Chg-P CR2E034 (11/05)

4. FEI Number	Applied For
59-3596429	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAUGHERTY, STEPHEN P
140 WEST MYERS BLVD.
MASCOTTE, FL 34753

**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

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	DAUGHERTY, STEPHEN
STREET ADDRESS	10921 CHERRY LAKE ROAD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	VD
NAME	DAUGHERTY, SHERRY R
STREET ADDRESS	10921 CHERRY LAKE ROAD
CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	M
NAME	MINCEY, JARED
STREET ADDRESS	1035 BLUEGRASS DRIVE
CITY-ST-ZIP	GROVELAND, FL 34736
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/13/07-80107-008 150.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steve Daugherty

3/1/07

Date

352-429-4740

Daytime Phone #