

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DO NOT WRITE IN THIS SPACE

FILED
Sep 23, 2008 08:00 AM
Secretary of State



09152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3596429

Applied For
Not Applicable

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

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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 34738
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959952
09/23/08-80001-023 150.00

**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

9/12/08

Date

3524295275

Daytime Phone #