

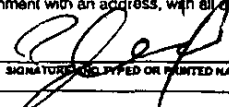


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90008 027 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P99000108012		
1. Entity Name A C A TOOL SUPPLY, INC.		
Principal Place of Business 6677 TREELAND AVE. LARGO, FL 33773	Mailing Address 6677 TREELAND AVE. LARGO, FL 33773	
DO NOT WRITE IN THIS SPACE		
		66001876 
		01042008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-3617539
		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 ZDZIERAK, ANDREW 6677 TREELAND AVE LARGO, FL 33773		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE	D	
NAME	ZDZIERAK, ANDREW	
STREET ADDRESS	11555 PINE STREET	
CITY- ST- ZIP	SEMINOLE, FL 33772	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE:  ANDREW ZDZIERAK		2/27/08 727-539-0996
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone