


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # V31185
 1. Entity Name
AMERICAN COMBAT ENGINEERING, INCORPORATED



Principal Place of Business Mailing Address
3006 W FERN STREET **3006 W FERN STREET**
TAMPA FL 33614 **TAMPA FL 33614**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

NO CHANGES *NO CHANGES*



1st MOORE CR2E034 (10/05)

4. FEI Number Applied For
59-3142698 Not Applicable

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

6. Name and Address of Current Registered Agent

SCHUTT, ROBERT L
3006 W FERN STREET
TAMPA FL 33614

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

NO CHANGES

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: *Robert L Schutt* **ROBERT L SCHUTT** **PRESIDENT** **4/17/2006**

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, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|------------------|-------------|---------------------------------|
| PD | SCHUTT, ROBERT L | 3006 W. FERN ST. | TAMPA FL | <input type="checkbox"/> |
| VSD | SCHUTT, RHONDA G. | 3006 W FERN ST | TAMPA FL | <input type="checkbox"/> |
| VTD | SCHUTT, NELLIE | 3006 W. FERN ST. | TAMPA FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

None Follows

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Add |
|-------|------|----------------|-------------|---------------------------------|------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

NO ADDITIONS OR CHANGES

U00000523251
 05/03/06-20066-008 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert L Schutt* **ROBERT L SCHUTT** **4/17/2006** **813-876-7804**

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