

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # V31185**

1. Entity Name

AMERICAN COMBAT ENGINEERING, INCORPORATED



Principal Place of Business

3006 W FERN STREET  
TAMPA FL 33614

Mailing Address

3006 W FERN STREET  
TAMPA FL 33614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 59-3142698

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUTT, ROBERT L  
3006 W FERN STREET  
TAMPA FL 33614

Name

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

City

FL

Zip Code

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*  
Signature, typed or printed name of registered agent and title if applicable

ROBERT L SCHUTT PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/25/2007  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SCHUTT, ROBERT L  
STREET ADDRESS 3006 W. FERN ST.  
CITY-STATE-ZIP TAMPA FL

TITLE VSD  
NAME SCHUTT, RHONDA G.  
STREET ADDRESS 3006 W FERN ST  
CITY-STATE-ZIP TAMPA FL

TITLE VTD  
NAME SCHUTT, NELLIE  
STREET ADDRESS 3006 W. FERN ST.  
CITY-STATE-ZIP TAMPA FL

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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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT L SCHUTT

4/25/2007

813-876-7804

Date

Daytime Phone #