


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 020 ***150.00

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		Zip
Country		Country



1st MOORE CR2E034 (10/07)

4. FEI Number 59-3142698		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 **ROBERT L SCHUTT** PRESIDENT DATE: 4/21/2008

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHUTT, ROBERT L 3006 W. FERN ST. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/O SCHUTT, ROBERT L 3006 W. FERN ST TAMPA FL 33614 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHUTT, RHONDA G. 3006 W FERN ST TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD SCHUTT, NELLIE 3006 W. FERN ST. TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** DATE: 4/21/2008 PHONE: 813-876-7804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR