

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036064

FILED
Apr 28, 2009
Secretary of State

Entity Name: A 1 A GENERAL CONTRACTING OF CENTRAL FLORIDA, INC

Current Principal Place of Business:

7765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

7765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

New Mailing Address:

765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

FEI Number: 26-2389631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLEY, TODD
7765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

FOLEY, TODD
765 LAKEWORD CIRCLE
MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: TODD FOLEY

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOLEY, TODD
Address: 7765 LAKE WORD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VP () Delete
Name: FOLEY, MAYLANIE
Address: 7765 LAKEWORD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOLEY, TODD
Address: 765 LAKE WORD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VP (X) Change () Addition
Name: FOLEY, MAYLANIE
Address: 765 LAKEWORD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD FOLEY

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date