

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063360

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: ARTISTIC CONCRETE OF NORTH FLORIDA INC.

**Current Principal Place of Business:**

5757 WOODS CREEK ROAD  
PERRY, FL 32347

**New Principal Place of Business:**

**Current Mailing Address:**

5757 WOODS CREEK ROAD  
PERRY, FL 32347

**New Mailing Address:**

FEI Number: 27-0007722

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: O'NEIL, CYNTHIA  
Address: 5757 WOODS CREEK ROAD  
City-St-Zip: PERRY, FL 32347

Title: V ( ) Delete  
Name: O'NEIL, MARK  
Address: 5757 WOODS CREEK ROAD  
City-St-Zip: PERRY, FL 32347

Title: T ( ) Delete  
Name: O'NEIL, DEVIN  
Address: 5757 WOODS CREEK ROAD  
City-St-Zip: PERRY, FL 32347

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA A. O'NEIL

DPS

04/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date