


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000037943
 1. Entity Name
 AMERICAN SPRAY TEXTURE, INC.



Principal Place of Business 707 SYBILWOOD CIR. WINTER SPRINGS, FL 32708 US	Mailing Address 707 SYBILWOOD CIR. WINTER SPRINGS, FL 32708 US
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3187391	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 PUTZKE, GREGORY A
 707 SYBILWOOD CIRCLE
 WINTER SPRINGS, FL 32708

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

000000128717
 04/26/04-80050-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PUTZKE, GREG 707 SYBILWOOD CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PUTZKE, JAIMI M. 707 SYBILWOOD CIRCLE WINTER SPRINGS, FL 32708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VAIARELLA, ANTHONY 768 MINERVA LANE LAKE MARY, FL 32746
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DRAWDY, DAMIAN 1567 SUGARWOOD CIRCLE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  JAIMI M PUTZKE 4-20-04 4076994460
Signature and typed or printed name of signing officer or director Date Daytime Phone #