


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2008 08:00 AM
Secretary of State

DOCUMENT # F03000001090
 1. Entity Name
 ASTRO INTERIOR CONTRACTING, INC.



Principal Place of Business Mailing Address
 5517 OAKDALE RD. P.O. BOX 189
 MABLETON, GA 30126 MABLETON, GA 30126

DO NOT WRITE IN THIS SPACE



08012008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1999819	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
 A1A REGISTERED AGENT INC.
 5647 110TH AVE. NORTH
 ROYAL PALM BEACH, FL 33411-0000

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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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARK, TERRY 5517 OAKDALE RD., SUITE C MAPLETON, GA 30126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLARK, BECKY 5517 OAKDALE RD., SUITE C MAPLETON, GA 30126
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____