

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 226380

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** ALLIED PRECAST PRODUCTS CO., INC.

**Current Principal Place of Business:**

5640 CARDER RD.  
ORLANDO, FL 328104785 US

**New Principal Place of Business:**

**Current Mailing Address:**

5640 CARDER RD.  
ORLANDO, FL 328104785 US

**New Mailing Address:**

**FEI Number:** 59-0875135

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMAS, BANNER LEE  
5640 CARDER RD.  
ORLANDO, FL 328104785 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:** STD  
**Name:** THOMAS, ELLEN D.  
**Address:** 3320 CARLA STREET  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** PD  
**Name:** THOMAS, BANNER LEE  
**Address:** 5640 CARDER RD.  
**City-St-Zip:** ORLANDO, FL 32810

I hereby 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 all other like empowered.

**SIGNATURE:** BANNER LEE THOMAS

PD

01/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date