


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F02000003986</b>	
1. Entry Name NATIONAL GUNITE, INC.	

Principal Place of Business 1000 CIVIC CIRCLE LEWISVILLE, TX 75067	Mailing Address 1000 CIVIC CIRCLE LEWISVILLE, TX 75067
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01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-2553472	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


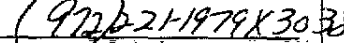
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P TAYLOR, LEE 541 TUSCANY VALLEY CT., #9 CRESTVIEW HILLS, KY 41017
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELMER, JOHN 4801 SCHOONER CT FLOWER MOUND, TX 75022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELMER, JERRY 5208 CLEARCREEK DR FLOWER MOUND, TX 75022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST RAWLINS, TONY F 1116 SHAWNEE TRAIL CARROLLTON, TX 75007
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ELMER, JOSEPH 5201 KENSINGTON COURT FLOWER MOUND, TX 75022
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000029903  
02/04/04-80085-021 158.75

**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)(f), 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:  DATE:  Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE TAYLOR