2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)							Ŧ	FIL	ED	
DOCUMENT # G68032 1. Enuty Name							Aug 01, 2005 08:00 AM Secretary of State			
FLORIDA PRECAST DECORATORS, INC.								Stutiai	y UI C	
Principal Plac	ce of Busines	s .	Mailin	ig Address	_	· <u>·················</u> ··················	Ì			
636 E. 13TI APOPKA FI		<u></u>	636 I APO	E. 13TH STREET PKA FL 32703	,					
2. Principal Place of Business 3. Mailing Address										
Suite, Apt #, etc.				Suite, Apt. #, etc.			1st MOORE CR2E034 (10/04)			
City & Sta	te	_	City	& State			4. FEI Numb	^{ber} 59-2376311		pplied For ot Applicable
Zip				Zip Cou		 ttry	5. Certificate of Status Desired Status Desir			ditional
6. Name and Address of Current Registered Agent Name							7. Name and	Address of New Registered	Agent	
TRAICOFF, ROBERT C. 636 E. 13TH STREET APOPKA FL 32703						Street Address (P O. Box Number is Not Acceptable)				
						City			Zip Coo	ie .
8. The above the obliga	a named entity tions of regist	y submits this stat ered agent	ement for the purp	ose of changing its	register	ed office or register	ed agent, or bo	FL oth, in the State of Florida. Tam	familiar with,	and accept
SIGNATURE		or primied hame of regis	lered agent and tille it app	ficable (NOT	E Registere	d Agent signature required	when reinstailing)	DATE		
After	May 1, 200	IFEE IS \$150 5 Fee Will Be : 5 Florida Depart	\$550.00					 Election Campaign Financi Trust Fund Contribution. 		.00 May Be ed to Fees
10,		and the second second second second	RS AND DIRECTO	RS	11.		ADDITIONS	CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
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TILLE				Delete	DEC				📋 Change	Addition
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12. I hereby of indicated of the cor changed.	certify that the on this repor poration or th or on an atta	information supplemental t or supplemental e receiver or trust chment with an a	lied with this filing report is true and a ee empowered to d ddress, with all oth	does not qualify for accurate and that m execute this report a er like empowered.	the exer ny signat as requir	nption stated in Sec ure shall have the s ed by Chapter 607,	ction 119 07(3)(ame legal effec Florida Statute	ii), Florida Statutes. I further cert as if made under oath, that I a s, and that my name appears in	fy that the ir m an officer Block 10 or	nformation or director Block 11 if
SIGNAT	URE: 🤇	SIGNATURE AND T	YPED OR PRINTED NAM	E OF STANING OFFICER O	ORDIRECT	OR	· · ·	Cate Ga	ytime Phone II	