


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # M53051
 1. Entity Name
ALLBRIGHT PLASTERING, INC.



Principal Place of Business Mailing Address
17776 TOLEDO BLADE BLVD **17776 TOLEDO BLADE BLVD**
PORT CHARLOTTE, FL 33948 **PORT CHARLOTTE, FL 33948**

DO NOT WRITE IN THIS SPACE



01222005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2814465 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ALLBRIGHT, PETER
21524 DOBBINS AVE.
PORT CHARLOTTE, FL 33954

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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

UN0000254811
 03/07/05-80090-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ALLBRIGHT, PETER
STREET ADDRESS	21524 DOBBINS AVENUE
CITY - ST - ZIP	PT. CHARLOTTE, FL
TITLE	V
NAME	ALLBRIGHT, AGNES
STREET ADDRESS	21524 DOBBINS AVENUE
CITY - ST - ZIP	PT. CHARLOTTE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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: *Peter Allbright* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR