2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

OFIGINAL Mar 26, 2007 08:00 AM Secretary of State

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1. Entity Name

ALL-OUT CONCRETE ENTERPRISES, INC.



Principal Place of Business

653 ARLINGTON DRIVE

PALM BEACH GARDENS, FL 33467

Mailing Address

653 ARLINGTON DRIVE

PALM BEACH GARDENS, FL 33467



03062007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0996225 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Nam	e and Address	of Current	Registered	d Agent

GAMESTER, DOUG 653 ARLINGTON DR WEST PALM BEACH, FL 33415

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8. The above the obligat	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and tille if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D GAMESTER, DOUG 653 ARLINGTON DRIVE WEST PALM BEACH, FL 33415				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REIER, TIMOTHY 208 MONTEREY SQUARE BOYNTON BEACH, FL 33436				U00000678373 04/02/07-80030-016 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5			IN T	HIS SPACE
TITLE					

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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR