

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**ORIGINAL** 08 08:00 A  
Secretary of State

DOCUMENT # P00000029714

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



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0996225

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000912094

05/07/08 00000 015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GAMESTER, DOUG
STREET ADDRESS	653 ARLINGTON DRIVE
CITY- ST- ZIP	WEST PALM BEACH, FL 33415

TITLE	D
NAME	REIER, TIMOTHY
STREET ADDRESS	208 MONTEREY SQUARE
CITY- ST- ZIP	BOYNTON BEACH, FL 33436

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/08

Date

Daytime Phone #

561-722-7796