


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90013 001 ***150.00

DOCUMENT # P00000068341					
1. Entity Name AERATED CONCRETE CORP. OF AMERICA					
Principal Place of Business 3351 W ORANGE BLOSSOM TRAIL APOPKA FL 32712			Mailing Address 1616 S 14TH STREET LEESBURG FL 34748		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3658649	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JONES, GARY L 1616 S 14TH STREET LEESBURG FL 34748				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____					
<div> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, F. BROWNE		NAME		
STREET ADDRESS	1616 S 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	CEO	<input type="checkbox"/> Delete	TITLE	CEO, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG, F. BROWNE		NAME		
STREET ADDRESS	1616 S 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	PCOO	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEY, DENNIS C		NAME		
STREET ADDRESS	1616 S 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GARY L		NAME		
STREET ADDRESS	1616 S 14TH STREET		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISEN, WARREN		NAME		
STREET ADDRESS	1616 S 14TH ST		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34748		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



MOORE CR2E034 (11/03)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L JONES, V.P. **GARY L JONES**

3/16/04

Date

352 365 6522

Daytime Phone #