

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90047 003 \*\*\*150.00

**DOCUMENT # P0000068341**  
 1. Entity Name  
**AERATED CONCRETE CORP. OF AMERICA**



Principal Place of Business      Mailing Address  
**3351 W ORANGE BLOSSOM TRAIL**      **1616 S 14TH STREET**  
**APOPKA, FL 32712**      **LEESBURG, FL 34748**

**50005898**



2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01112005    Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**59-3658649**      Not Applicable

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

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

**JONES, GARY L**  
**1616 S 14TH STREET**  
**LEESBURG, FL 34748**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

**B.** 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 title 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**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	GREGG, F. BROWNE	
STREET ADDRESS	1616 S 14TH STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	CEOP	<input type="checkbox"/> Delete
NAME	GREGG, F. BROWNE	
STREET ADDRESS	1616 S 14TH STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	JONES, GARY L	
STREET ADDRESS	1616 S 14TH STREET	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GEISEN, WARREN	
STREET ADDRESS	1616 S 14TH ST	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '1**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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:** *Gary L Jones*      **GARY L JONES, CFO**      **1/17/05**      **3523656522**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #