

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90010 045 \*\*\*150.00

<b>DOCUMENT # P01000116538</b> 1. Entity Name <b>ADVANCED SHOTCRETE OF BREVARD, INC.</b>					
Principal Place of Business <b>4015 LUCIANO COCOA, FL 32926</b>			Mailing Address <b>430 ATLANTIS DR SATELLITE BEACH, FL 32937</b>		
2. Principal Place of Business		3. Mailing Address <b>4015 Luciano Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Cocoa, FL</b>		4. FEI Number <b>30-0010343</b>	
Zip <b>32926</b>		Country <b>United States</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GROVE, VALERIE L 430 ATLANTIS DR SATELLITE BEACH, FL 32937</b>				7. Name and Address of New Registered Agent Name <b>Robin D. Boyd</b> Street Address (P.O. Box Number is Not Acceptable) <b>4015 Luciano Avenue</b> City <b>Cocoa</b> <b>FL</b> Zip Code <b>32926</b>	
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 <b>Robin Boyd</b> <b>Robin Boyd</b> <b>Treasurer/Secretary 3/4/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOYD, CHARLES 4015 LUCIANO AVE COCOA, FL 32926	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T/S Boyd Robin 4015 Luciano Avenue Cocoa, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GROVE, DONALD 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32930	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT GROVE, VALERIE 430 ATLANTIS DRIVE SATELLITE BEACH, FL 32930	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Robin Boyd</b> <b>Robin Boyd</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>March 4 04</b> <b>(321)637-9960</b> <small>Date Daytime Phone #</small>		