

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000030948

1. Entity Name
PRECAST BY DESIGN, INC.



Principal Place of Business
**28601 N DIESEL DR
BONITA SPRINGS, FL 34135**

Mailing Address
**28601 N DIESEL DR
BONITA SPRINGS, FL 34135**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3623229

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**STRESEN-REUTER, STEVEN T PRESIDE
28601 N DIESEL DRIVE
BONITA SPRINGS, FL 34135**

**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 reissuing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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**
NAME **STRESEN-REUTER, STEVEN T PRESIDE**
STREET ADDRESS **28601 N DIESEL DRIVE**
CITY- ST- ZIP **BONITA SPRINGS, FL 34135**

TITLE **D**
NAME **BLANCO, CHANEL VICE PR**
STREET ADDRESS **28601 N DIESEL DRIVE**
CITY- ST- ZIP **BONITA SPRINGS, FL 34135**

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

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

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

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

000000424286
02/18/06-80044-001 150.00

**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 119, 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

JAN 27 2006

Date

Daytime Phone # _____

RECEIVED