

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90197 049 ***150.00

DOCUMENT # P02000081851

1. Entity Name
ELEGANT CONCRETE ENGRAVING, INC.

Principal Place of Business

~~11023 LONGWOOD COURT~~ **3917 MESA**
~~BRADENTON, FL 34209~~ **SARASOTA, FL**
34233

Mailing Address

~~11023 LONGWOOD COURT~~ **3917 MESA AVE**
~~BRADENTON, FL 34209~~ **SARASOTA, FL 34233**

24070802



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
82-0576153

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~PIOTROWICZ, JERRY~~ **Moyer, Shane**
~~11023 LONGWOOD CT~~ **3917 MESA AVE**
~~BRADENTON, FL 34209~~ **SARASOTA, FL 34233**

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 Shane Moyer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD**
NAME ~~PIOTROWICZ, JERRY~~ **Moyer, Shane**
STREET ADDRESS ~~11023 LONGWOOD CT~~ **3917 MESA AVE.**
CITY-ST-ZIP ~~BRADENTON, FL 34209~~ **SARASOTA, FL 34233**

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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:

Shane Moyer **Shane Moyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-04 **351-6604**