

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90089 010 ***150.00

DOCUMENT # P03000039098					
1. Entity Name ALL AMERICAN SOLID SURFACE, INC.					
Principal Place of Business 222 YELLOW PLACE ROCKLEDGE, FL 32955			Mailing Address 222 YELLOW PLACE ROCKLEDGE, FL 32955		
2. Principal Place of Business 7640 Coral Drive Suite, Apt. #, etc. Unit 23 City & State Melbourne FL Zip 32904 Country USA		3. Mailing Address 7640 Coral Drive Suite, Apt. #, etc. Unit 23 City & State Melbourne FL Zip 32904 Country USA			
4. FEI Number 68-0549045		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEBLEY, CEDRIC O 222 YELLOW PLACE ROCKLEDGE, FL 32955			7. Name and Address of New Registered Agent Name Cedric Webley Street Address (P.O. Box Number is Not Acceptable) 7640 Coral Drive City Melbourne FL Zip Code 32904		
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 <u>Cedric O Webley</u> <u>Cedrid Webley, Reg. Agent 12/104</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBLEY, CEDRIC O 222 YELLOW PLACE ROCKLEDGE, FL 32955	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/S/T Webley, Cedric 7640 Coral Drive Unit 23 Melbourne FL 32904	<input checked="" 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
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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: <u>Cedric O Webley</u> <u>Cedrid Webley, Pres 12/104</u> (321) 956-6300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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