## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000127046

1. Entity Name

A + A PLASTERING, INC.



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

214 BRITTANY LN PT ORANGE, FL 32127-5915 Mailing Address

214 BRITTANY LN

PT ORANGE, FL 32127-5915 .



## DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0339037

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAMS, CHARLES D 214 BRITTANY LN PT ORANGE, FL 32127-5915

## DO NOT WRITE IN THIS SPACE

					Inio or	
the obligat	named entity submits this statement for the pi ions of registered agent.	urpose of changing its registere	ed office or re	egistered agent, or b	oth, in the State of Flori	da. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE Registered	l Agent signature	required when reinstating)		DATE
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	,	1, 1,24,7		
ITLE HAME STREET ADDRESS CITY-ST-ZIP	DP ABRAMS, LARRY D 2515 TOMOKA FARMS RD PT ORANGE, FL 32128 DVS					41515
NAME STREET ADDRESS CITY-ST-ZIP	ABRAMS, CHARLES D 214 BRITTANY LN PT ORANGE, FL 32127				( UJARJANJI TO	0034-003 :30.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WI	RIE
ITLE IAME ; ; STREET ADDRESS CITY-ST-ZIP				in and the second	THIS SP	AGE
ITLE IAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 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

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 386/547-549/