


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000132664	
1. Entity Name DUN-RITE PRECAST INC.	

Principal Place of Business 7109 YACHT BASIN AVE SUITE 432 ATTN: PETER INGRASSIA ORLANDO, FL 32835	Mailing Address 7109 YACHT BASIN AVE SUITE 432 ATTN: PETER INGRASSIA ORLANDO, FL 32835
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DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FE Number 38-3692165	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

INGRASSIA, PETER JR.
7109 YACHT BASIN AVENUE
SUITE 432
ORLANDO, FL 32835

**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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INGRASSIA, PETER, JR. 7109 YACHT BASIN AVENUE, STE 432 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT INGRASSIA, JOSEPHINE 7109 YACHT BASIN AVENUE, STE 432 ORLANDO, FL 32835
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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)(l), 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: Peter Ingrassia Jr. 4/1/05 407-522-5485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #