## 2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

## **FILED** May 02, 2008 08:00 AN Secretary of State

|   | ANNUALIKEPUKI          |
|---|------------------------|
| D | OCUMENT # P04000038644 |

1. Entity Name

FISHBACK'S DECORATIVE CONCRETE, INC.



Principal Place of Business

Mailing Address

15806 WALDEN AVENUE TAMPA, FL 33618

15806 WALDEN AVENUE TAMPA, FL 33618



04302008

No Chg-P

CR2E034 (11/05)

4. FEI Number 34-1979072

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

|    |                  | _  |                |             |
|----|------------------|----|----------------|-------------|
| 6. | Name and Address | of | Current Regist | tered Agent |

FISHBACK, JR., LON T

## DO NOT WRITE

|   | KHART RD<br>/ILLE, FL 34603                                       |   |                      | 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 of | applicable (NOTE Regist                                 | ered Agent signaturi | e required when reinstating)   | DATE                                      |  |  |  |  |
|   | E NOWIII FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00       | Election Campaign Financing     Trust Fund Contribution |                      | \$5.00 May Be<br>Added to Fees | U00000945803<br>05/30/08-80023-013 150.00 |  |  |  |  |
| 10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | P FISHBACK, LON T JR 15806 WALDON AVENUE                          | TORS  |                      | <u>.</u>                       |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | TAMPA, FL 33618   |   | _                    |                                | ,<br>: ,                                  |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |   |                      | DO                             | NOT WRITE                                 |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP   |   |   | -                    | IN .                           | THIS SPACE                                |  |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |   |                      |                                |   |  |  |  |  |
| THLE NAME STREET ADDRESS CITY-ST-ZIP  | ·   |   |                      |                                |   |  |  |  |  |
| 12. I nereby 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 tegal 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 |   |   |                      |                                |   |  |  |  |  |

NAME OF SIGNING OFFICER OR DIRECTOR