


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90558 041 ***150.00

DOCUMENT # P04000056326	
1. Entity Name ALL AMERICAN TEXTURED CONCRETE, INC.	

Principal Place of Business 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448	Mailing Address 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448
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2. Principal Place of Business 5280 S. Suffolk Ter.	3. Mailing Address 5280 S. Suffolk Ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Homosassa, FL	City & State Homosassa, FL 3
Zip 34446	Zip 34446
Country	Country

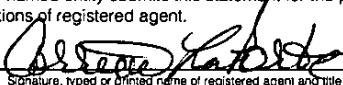


04262005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0995215	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 SCHLUMBERGER, ROBERT 6220 WEST CORPORATE OAKS DR. CRYSTAL RIVER, FL 34429	7. Name and Address of New Registered Agent Name Corrina LaPorte Street Address (P.O. Box Number is Not Acceptable) 5280 S. Suffolk Terrace City Homosassa FL Zip Code 34446
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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  DATE 4-26-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, CORRINA A 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPORTE, ROBERT M 3220 S ARUNDEL TERRACE HOMOSASSA, FL 34448 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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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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

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:  DATE 4/26/05 350-428-3685

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR