


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90110 006 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P05000070077 1. Entity Name DECORATIVE CONCRETE ENGRAVING, INC. | | | |  | |
| Principal Place of Business 328 DARTMOUTH AVE SPRING HILL, FL 34606 | | | Mailing Address 328 DARTMOUTH AVE SPRING HILL, FL 34606 | | |
| 2. Principal Place of Business 9334 Broadbill Ct | | 3. Mailing Address 9334 Broadbill Ct | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Weeki Wachee FL | | City & State Weeki Wachee FL | | 4. FEI Number 20-2869760 | |
| Zip 34613 | | Country | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 01072006 Chg-P CR2E034 (11/05) | |
| 6. Name and Address of Current Registered Agent LANGLO, JASON A 328 DARTMOUTH AVE SPRING HILL, FL 34606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 restate) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 LANGLO, JASON A 328 DARTMOUTH AVE SPRING HILL, FL 34606 | | <input type="checkbox"/> Delete | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Langlo, Jason A. 9334 Broadbill Ct Weeki Wachee FL 34613 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | <input type="checkbox"/> Delete | <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 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: <u>Jason A. Langlo</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 1-9-06 352-684-4107 <small>Date Daytime Phone #</small> | | |