2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008 08:00 A
Secretary of State

ANNUAL REPORT				Wiar 21, 2000 00:0		
DOCUMENT # P96000056126 1. Entity Name					Sec	cretary of St
ALL FLO	RIDA PLASTERING, INC.	_				
Principal Plac	ce of Business	Mailing Address]		
116 TAYLOR		POST OFFICE BOX 26				
BOSTWICK,	FL 32007	BOSTWICK, FL 32007				
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				01212008	No Chg-P C	R2E034 (11/05)
	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numbe		Applied For
				59-3385		Not Applicable
				5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent				
BACCS I	DAMAI D					
BAGGS, DAWN R 116 TAYLOR ROAD				DO	NOT WR	
BOSTWICK, FL 32007				IN T	HIS SPA	2 5
	e named entity submits this statement for the named entity submits this statement for the name of the					I am familiar with, and accept
ino obliga	L'augh & Ja	285, 7tc/10	eas Va	wnR. Ba	1993	la
SIGNATURE	gnature, typed or pricked name and distend agent and	lit of applicable (NOTE: Registe	red Agent signature required	t when removed (g)	R. 109	JATE
	-{	0 Flores 0			•	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				.00 May Be led to Fees		
10. TITLE	OFFICERS AND DI	RECTORS				
NAME	BAGGS, JOE A SR					
STREET ADDRESS	'					
CITY-ST-ZIP	BOSTWICK, FL				The first control of the part of the first control	
TITLE	ST				000000086E	380)21+024 150,00
NAME	BAGGS, DAWN R	•			047.097.09.200	1217024 130,00
STREET ADDRESS CITY-ST-ZIP	116 TAYLOR ROAD BOSTWICK, FL 32007					
TITLE	BODT (1101(), 1 E 02001					
NAME						
STREET ADDRESS				DΩ	NOT WR	
CITY-ST-ZIP	1					🕹 📭 🗫 granga sa silgani kanda kibis
TITLE			- 14.5.47 1.4		<u>Le ja il biz Le il</u> :	<u>#####################################</u>
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STREET ADDRESS				48 49 49 49	THIS SPA	en da Eddhlaid Galaidh
STREET ADDRESS CITY - ST+ZIP				48 49 49 49	ik manna kalababa	er ila Blilitilië diktië (
CITY-ST-ZIP						
CITY-ST-ZIP						

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 eath, 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

THATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V29/8

Daylime Phone #