

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000049745



1. Entity Name
ALL SURFACE TECHNOLOGY, INC.

Principal Place of Business
127 W FAIRBANK AVE
PMB 404
WINTER PARK, FL 32789-432

Mailing Address
127 W FAIRBANK AVE
PMB 404
WINTER PARK, FL 32789-432

**FILED
Apr 27, 2005 08:00 AM
Secretary of State**



04202005 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|---|
| 4. FEI Number 65-0742719 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HITTLE, JO ELLEN
127 W FAIRBANK AVE PMB 404
WINTER PARK, FL 32789-4326

**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

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

(NOTE: Registered Agent signature required when translating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE P
NAME HITTLE, CHARLES W
STREET ADDRESS 127 W FAIRBANK AVE PMB 404
CITY-ST-ZIP WINTER PARK, FL 327894326

000000334196
04/27/05-80036-007 150.00

TITLE VP
NAME HITTLE, JO ELLEN
STREET ADDRESS 240 N POLK DRIVW
CITY-ST-ZIP SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Charles W. Hittle* Date *4/26/05* Daytime Phone # *407-691-0061*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR