## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

4270 ALOMA AVE STE 124 PMB 33J WINTER PARK FL 32792

## DOCUMENT # \$45327

1. Entity Name

Principal Place of Business

4270 ALOMA AVE STE 124 PMB 33J WINTER PARK FL 32792

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

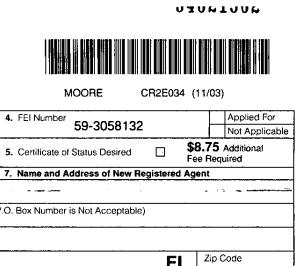
Zip

ALL-STATE SEALCOATING, INC.



**FILED** Mar 24, 2004 8:00 am Secretary of State

03-24-2004 90013 030 \*\*\*150.00



LASOTA, BRUCE M.

Country

6. Name and Address of Current Registered Agent

4270 ALÓMA AVE			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
STE 124 PMB 33J WINTER PARK FL 32792						• • • • • • • • • • • • • • • • • • • •		
			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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State					Election Campaign Finance Trust Fund Contribution.	cing		D May Be to Fees
10.	OFFICERS AND DIRECTOR:	<del></del>	11.	ADDIT	IONS/CHANGES TO OFFICE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LASOTA, BRUCE M. 4270 ALOMA AVE STE 124 PMB 33J WINTER PARK FL	☐ Delete	TITLE NAME Street Address City-St-Zip			(	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LASOTA, LAURIE A 4270 ALOMA AVE STE 124 PMB 33J WINTER PARK FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			[	Change	Addition
TITLE  NAME:  STREET ADDRESS  CITY-ST-ZIP		☐ Detete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	an "I was bee	water Thirty - The manufacture of the same		Change -	Addition
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NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition

Country

Name

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.

| GNATURE: | LAURIE LASOTA | 3 - 16 - 04 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 - 7694 | 407 - 657 -

SIGNATURE: \(

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR