

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000043384

**Entity Name:** ALBIN'S TEXTURES, INC.

**Current Principal Place of Business:**

825 HUMPHREY BOULEVARD  
DELTONA, FL 32738

**Current Mailing Address:**

825 HUMPHREY BOULEVARD  
DELTONA, FL 32738 US

**FEI Number:** 14-1879934

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALBIN, BLAINE  
825 HUMPHREY BOULEVARD  
DELTONA, FL 32738 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name ALBIN, BLAINE  
Address 825 HUMPHREY BOULEVARD  
City-State-Zip: DELTONA FL 32738

Title SEC  
Name ALBIN, BLAINE  
Address 825 HUMPHREY BOULEVARD  
City-State-Zip: DELTONA FL 32738

Title TREA  
Name ALBIN, BLAINE  
Address 825 HUMPHREY BOULEVARD  
City-State-Zip: DELTONA FL 32738

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BLAINE ALBIN

**PRESIDENT**

**04/24/2014**

Electronic Signature of Signing Officer/Director Detail

Date