

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154489

Entity Name: ADVANCED WRAPPING AND CONCRETE SOLUTIONS OF
CENTRAL FLORIDA, INC.**Current Principal Place of Business:**3435 RAVENCREEK LANE
OVIEDO, FL 32766**Current Mailing Address:**3435 RAVENCREEK LANE
OVIEDO, FL 32766**FEI Number: 35-2221300****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SCARPITTI, JOHN M
3435 RAVENCREEK LANE
OVIEDO, FL 32766 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	SCARPITTI, JOHN
Address	3435 RAVENCREEK LANE
City-State-Zip:	OVIEDO FL 32766

Title	V
Name	SCARPITTI, MARY E
Address	3435 RAVENCREEK LANE
City-State-Zip:	OVIEDO FL 32766

Title	ST
Name	OAKMAN, JULIE A
Address	3410 RAVENCREEK LANE
City-State-Zip:	OVIEDO FL 32766

Title	VP
Name	OAKMAN, BRIAN
Address	3410 RAVENCREEK LANE
City-State-Zip:	OVIEDO FL 32766

Title	T
Name	SCARPITTI, DAVID
Address	1676 SLASH PINE PLACE
City-State-Zip:	OVIEDO FL

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: JOHN SCARPITTI**PRESIDENT****01/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date