


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90556 040 \*\*\*158.75

<b>DOCUMENT # 363881</b>	
1. Entity Name <b>MORELAND CONCRETE, INC.</b>	

Principal Place of Business <b>124 NW 15TH ST. POMPANO BEACH FL 33060</b>	Mailing Address <b>124 NW 15TH ST. POMPANO BEACH FL 33060</b>
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2. Principal Place of Business <b>120 NW 14th street</b>	3. Mailing Address <b>124 NW 15th street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Pomp. Bch. FL</b>	City & State <b>Pomp. Bch. FL</b>
Zip <b>33060</b>	Zip <b>33060</b>
Country <b>USA</b>	Country <b>USA</b>

	
MOORE	CR2E034 (11/03)
4. FEI Number <b>59-1292440</b>	Applied For <input type="checkbox"/> Not Applicable

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MORELAND, JOHN 124 NW 15TH STREET POMPANO BEACH FL 33060</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b>	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: *John J Moreland* DATE: **4-21-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004, Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MORELAND, MARY 124 NW 15TH ST POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CULMER, MARIE 345 NW 15TH STREET POMPANO BCH FL 33060 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORELAND, JOHN 124 NW 15TH ST POMPANO BCH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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.

SIGNATURE: *John J Moreland* DATE: **4-21-04** DAYTIME PHONE #: **954-946-2521**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR