


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90013 004 ****50.00

DOCUMENT # L03000051719
 1. Entity Name
BLOCK HEAD CONCRETE SERVICE LLC



Principal Place of Business Mailing Address
 963 VILLAGE GREEN DR 963 VILLAGE GREEN DR
 JACKSONVILLE FL 32234 JACKSONVILLE FL 32234



MOORE CR2E083 (11/03)

2. Principal Place of Business 3. Mailing Address
963 VILLAGE GREEN DR *963 VILLAGE GREEN DR*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
JAX FL *JAX FL* *90-0131226* Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required
32234 *DUVAL* *32234* *DUVAL* \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PARARO, LANCE C
963 VILLAGE GREEN DR
JACKSONVILLE FL 32234

7. Name and Address of New Registered Agent
 Name: *BLOCK HEAD CONCRETE SERVICE*
 Street Address (P.O. Box Number is Not Acceptable): *963 VILLAGE GREEN DR*
 City: *JAX* FL Zip Code: *32234*

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: *Lance C Pararo* *LANCE C PARARO* *5/1/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PARARO, LANCE C	
STREET ADDRESS	963 VILLAGE GREEN DR	
CITY-ST-ZIP	JACKSONVILLE FL 32234	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Lance C Pararo* *LANCE C PARARO* *5/1/04*
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #