

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75151

FILED  
Apr 26, 2004  
Secretary of State

Entity Name: JIM'S CONCRETE OF BREVARD, INC.

## Current Principal Place of Business:

6929 PHILLIPS PARKWAY DR,S  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

6929 PHILLIPS PARKWAY DR,S  
JACKSONVILLE, FL 32256 US

## New Mailing Address:

FEI Number: 59-3018005      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JACOBSEN, JAMES J  
6929 PHILLIPS PARKWAY DR S  
JACKSONVILLE, FL 32256

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: JACOBSEN, JAMES  
Address: 5115 S R 13  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: JACOBSEN, LISA  
Address: 5115 S R 13  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP ( ) Delete  
Name: ARRINGTON, DANNY  
Address: 2735 NOBILITY AVE  
City-St-Zip: MELBOURNE, FL 32904

Title: VP ( ) Delete  
Name: JACOBSEN, HARRY O  
Address: 1541 SUNSET DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP ( ) Delete  
Name: PHELPS, JEFFREY  
Address: 1249 LAKE PARKE DR  
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP ( ) Delete  
Name: WASHINGTON, BOBBY RAY  
Address: 3643 HAVENWOOD DR  
City-St-Zip: MIDDLEBURG, FL 32068

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES JACOBSEN

PDST

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date