2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005656

FILED Apr 12, 2005 Secretary of State

Entity Name: FLORIDA INDEPENDENT CONCRETE AND ASSOCIATED PRODUCTS, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
318 NEWN SEBRING,	1AN RD. FL 33876	US			
Current Mailing Address:			New Maili	New Mailing Address:	
318 NEWN SEBRING,	1AN RD. FL 33876	US			
El Number:	65-0454790	FEI Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
318 NEWN	IN, FRANK IAN RD FL 33876	US			
	named entity of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATUR					
	Electro	onic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BRONSTEIN, 318 NEWMAN SEBRING, FL	NRD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (BELCHER, H. P.O. BOX 679 ELFERS, FL	9	Title: Name: Address: City-St-Zip:	DP (X) Change () Addition KEYS, JIMMY P.O. BOX 679 ELFERS, FL 346800679	
Fitle: Name: Address: City-St-Zip:	BISHOP, JEF 1142 WATER		Title: Name: Address: City-St-Zip:	DS (X) Change () Addition MILLER, JOHN PO BOX 627 PLACIDA, FL 33946-062	
Title: Name: Address: City-St-Zip:	DT (FREEMAN, A 1928 BURCH ORLANDO, F	STONE DR	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D (JAHNA, FRED 104 S RAILRO AVON PARK,	DAD AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D (SMITH, JACK PO BOX 7 BELL, FL 32		Title: Name: Address: City-St-Zip:	() Change () Addition	
				r the for the exemption stated in Section 110.07(2)(i)	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK BRONSTEIN D 04/12/2005