


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000093144</b> 1. Entity Name <b>MID FLORIDA CONCRETE &amp; MASONRY INC.</b>																																										
Principal Place of Business <b>512 SUGAR RIDGE CT. LONGWOOD, FL 32779</b>	Mailing Address <b>512 SUGAR RIDGE CT. LONGWOOD, FL 32779</b>																																									
<b>DO NOT WRITE IN THIS SPACE</b>																																										
5. Name and Address of Current Registered Agent  <b>BUCKLAN, BRADLEY H 512 SUGAR RIDGE CT. LONGWOOD, FL 32779</b>		<b>DO NOT WRITE IN THIS SPACE</b>																																								
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 <u><i>BB</i></u> <u><i>Bradley Bucklan</i></u> <u><i>4.28.06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																																										
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																								
10. OFFICERS AND DIRECTORS <table border="1"><tr><td>TITLE</td><td>D</td></tr><tr><td>NAME</td><td>BUCKLAN, BRADLEY H</td></tr><tr><td>STREET ADDRESS</td><td>512 SUGAR RIDGE CT.</td></tr><tr><td>CITY - ST - ZIP</td><td>LONGWOOD, FL 32779</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	D	NAME	BUCKLAN, BRADLEY H	STREET ADDRESS	512 SUGAR RIDGE CT.	CITY - ST - ZIP	LONGWOOD, FL 32779	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>BB</i></u> <u><i>Bradley Bucklan</i></u> <u><i>4.28.06</i></u> <u><i>407-834-5040</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																										



03282006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>56-2387648</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**U00000543829**  
**05/11/06-80011-019 150.00**