2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2004 8:00 am DOCUMENT # P03000153829 **Secretary of State** 05-04-2004 90205 001 ***150.00 AMERICAN CONCRETE OF PENSACOLA, INC. Principal Place of Business Mailing Address 7175 OAKCLIFF ROAD PENSACOLA FL 32526-3603 7175 OAKCLIFF ROAD 24068800 PENSACOLA FL 32526-3603 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 61-1463819 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STURGEN, WILLIAM M JR Street Address (P.O. Box Number is Not Acceptable) 2253 COUNTRY PLACE CIRCLE PENSACOLA FL 32534-9501 City 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE □ Defete TITLE ☐ Change ☐ Addition HARTLEY, CHARLES A NAME MARAF STREET ADDRESS 7175 OAKCLIFF ROAD STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32526-3603 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME IVEY, TERRI NAME STREET ADDRESS 7175 OAKCLIFF ROAD STREET ADDRESS PENSACOLA FL 32526-3603 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/04

850-456-0011

Daytime Phone #