


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 016 ***150.00

DOCUMENT # P04000054638

1. Entity Name
PHIL ALBERT CONCRETE, INC.



Principal Place of Business
**WACHOVIA BANK BUILDING, 2ND FLOOR
 400 COREY AVENUE
 ST. PETE BEACH, FL 33706**

Mailing Address
**TERRANCE P. MCNAMARA, ESQ.
 400 COREY AVENUE 2ND FLOOR
 ST. PETE BEACH, FL 33706**

2. Principal Place of Business - No P.O. Box #
5914 19th Avenue S.


3. Mailing Address
 Suite, Apt. #, etc.

City & State
Gulfport, FL

City & State
 Suite, Apt. #, etc.

Zip
33707

Country



01032008 Chg-P CR2E034 (12/06)

4. FEI Number
20-0921941

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCNAMARA, TERRANCE P
 400 COREY AVE 2ND FL
 SAINT PETERSBURG, FL 33706**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALBERT, PHILIP F SR. 504 55TH AVENUE ST. PETE BEACH, FL 33706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Albert, Phillip F., Sr. 5301 Gulf Blvd., C507 St. Pete Beach, FL 33706 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBERT, PHILIP F JR. 5914 19TH AVENUE SOUTH GULFPORT, FL 33707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: PHIL ALBERT / PHIL ALBERT 3/10/08
Signature and typed or printed name of signing officer or director Date Daytime Phone #