

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90672 008 ***150.00

DOCUMENT # P13533 1. Entity Name ATLANTIC CONCRETE PRODUCTS, INC.					
Principal Place of Business 1701 MYRTLE STREET SARASOTA, FL 34234			Mailing Address P.O. BOX 729 SARASOTA, FL 34230		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 23-1706049	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DALLAS, E.D. 1701 MYRTLE AVENUE SARASOTA, FL 34234				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	PD WESTHOFF, JOSEPH 1979 TERWOOD ROAD HUNTINGDON VALLEY, PA	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSEPH A. WESTHOFF 22 HEARTHSTONE COURT HOLLAND, PA 18966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DITCHER, JOHN 701 OLD LINCOLN HIGHWAY LANGHORNE, PA	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ERIC DITCHER 834 ROBERTS ROAD BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN C. WESTHOFF 131 VICTORIA LANE HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCOTT DITCHER 44 GREEN MEADOW DRIVE LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby 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: <u>John C. Westhoff</u> JOHN C. WESTHOFF 3/12/04 215-945-5600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					



03102004 Chg-P CR2E034 (10/03)