

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90015 020 \*\*\*150.00

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01062006 Chg-P CR2E034 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  |                                                                                                                                                                       |                                                                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P13533</b><br>1. Entity Name<br><b>ATLANTIC CONCRETE PRODUCTS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                              |                                                                                  |                                                                                                                                                                       |                                                                                                                                                      |  |
| Principal Place of Business<br><b>1701 MYRTLE STREET<br/>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                              |                                                                                  | Mailing Address<br><b>P.O. BOX 729<br/>SARASOTA, FL 34230</b>                                                                                                         |                                                                                                                                                      |  |
| 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<br><b>23-1706049</b>                                                                                                                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                              |                                                                                  |                                                                                                                                                                       | <b>\$8.75 Additional Fee Required</b><br>Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>                                |  |
| 6. Name and Address of Current Registered Agent<br><br><b>DALLAS, E.D.<br/>1701 MYRTLE AVENUE<br/>SARASOTA, FL 34234</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                              |                                                                                  | 7. Name and Address of New Registered Agent<br>Name _____<br>Street Address (P.O. Box Number is Not Acceptable) _____<br>_____<br>City _____ <b>FL</b> 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                           |                                                                                                              |                                                                                  |                                                                                                                                                                       |                                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                              | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                                                                                                                       | <b>\$5.00 May Be Added to Fees</b>                                                                                                                   |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                              |                                                                                  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                                                          |                                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PD<br/>WESTHOFF, JOSEPH A<br/>1 VERMEER CT<br/>LANGHORNE, PA 19053</b> <input type="checkbox"/> Delete    |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VD<br/>DITCHER, ERICE<br/>834 ROBERTS RD.<br/>BENSALEM, PA 19020</b> <input type="checkbox"/> Delete      |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <b>VD<br/>DITCHER, ERIC<br/>834 ROBERTS ROAD<br/>BENSALEM, PA 19020</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>SD<br/>WESTHOFF, JOHN C<br/>131 VICTORIA LANE<br/>HORSHAM, PA 19044</b> <input type="checkbox"/> Delete   |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>TD<br/>DITCHER, SCOTT<br/>44 GREEN MEADOW DR.<br/>LANGHORNE, PA 19047</b> <input type="checkbox"/> Delete |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                              |                                                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                    |  |
| 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. |                                                                                                              |                                                                                  |                                                                                                                                                                       |                                                                                                                                                      |  |
| <b>SIGNATURE:</b> <b>JOHN C. WESTHOFF - SEEN 3/13/06 215-945-5600</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                              |                                                                                  |                                                                                                                                                                       |                                                                                                                                                      |  |