

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 08:00 A
Secretary of State

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
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03112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1706049	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DALLAS, E.D. 1701 MYRTLE AVENUE SARASOTA, FL 34234	DO NOT WRITE IN THIS SPACE
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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 re-registering)

DATE

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTHOFF, JOSEPH A 1 VERMEER CT LANGHORNE, PA 19053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DITCHER, ERIC 834 ROBERTS RD. BENSALEM, PA 19020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WESTHOFF, JOHN C 131 VICTORIA LANE HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DITCHER, SCOTT 44 GREEN MEADOW DR. LANGHORNE, PA 19047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/11/08-80025-015 150.00

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN C. WESTHOFF
- SEC. R.

3/13/08

215-945-5600

Date

Daytime Phone #