

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000067308

Entity Name: HI-TEC CONCRETE, INC.

FILED  
Jan 28, 2004  
Secretary of State

## Current Principal Place of Business:

11542 CHARLIES TERRACE  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 845  
LEHIGH ACRES, FL 33971 US

## New Mailing Address:

PO BOX 845  
LEHIGH ACRES, FL 33970 US

FEI Number: 65-0517225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LINZALONE PHILIP  
11542 CHARLES TERR.  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

PHILIP P. LINZALONE  
11542 CHARLES TERR.  
FORT MYERS, FL 33907 US

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.

SIGNATURE: PHILIP P. LINZALONE

01/28/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: PAPADOPOULOS, GIOVANNI  
Address: 11542 CHARLIES TERRACE  
City-St-Zip: FORT MYERS, FL 33907

Title: VSD ( ) Delete  
Name: LINZALONE, PHILIP P  
Address: 11542 CHARLIES TERRACE  
City-St-Zip: FORT MYERS, FL 33907

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LINZALONE, PHILIP P  
Address: 11542 CHARLIES TERRACE  
City-St-Zip: FORT MYERS, FL 33907

Title: VSD (X) Change ( ) Addition  
Name: LINZALONE, KATIA P  
Address: 11542 CHARLIES TERRACE  
City-St-Zip: FORT MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATIA P. LINZALONE

VP

01/28/2004

Electronic Signature of Signing Officer or Director

Date