


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 029 ***150.00

DOCUMENT # P04000008014 1. Entity Name JOSEPH BOLDEN CONCRETE, INC.					
Principal Place of Business 325 W 14TH STREET APOPKA, FL 32703			Mailing Address 325 W 14TH STREET APOPKA, FL 32703		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BOLDEN, PAMELA 325 W 14TH STREET APOPKA, FL 32703				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD		<input type="checkbox"/> Delete		
NAME	BOLDEN, JOSEPH C		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	325 W 14TH STREET				
CITY - ST - ZIP	APOPKA, FL 32703				
TITLE	TD		<input type="checkbox"/> Delete		
NAME	ROBINSON, DENNARIO		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1306 MARK COURT				
CITY - ST - ZIP	APOPKA, FL				
TITLE	SD		<input type="checkbox"/> Delete		
NAME	THOMAS, LATRENA		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	7244 FOREST CITY ROAD, APT. A				
CITY - ST - ZIP	ORLANDO, FL				
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Joseph Bolden C</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/2/05 407-814-0867 <small>Date Daytime Phone #</small>		