## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 15, 2007 8:00 am Secretary of State

DOCUMENT # 157838  1. Entity Name RUSSELL CONCRETE INC					03-15-2007 90026 029 ***150.00				
Principal Place of Business 1400 10TH AVENUE VERO BEACH, FL 32960		Mailing Address 1400 10TH AVENUE VERO BEACH, FL 32960		40	036446				
VERO BEACI	1, IC 32300	VERO BEAGIT, TE 3230		 	IK BIRKI INDOLUTION KAN	ERII BIBIN BIBIN BIRIN BIBIN		1181 # [F <b>i</b> ]	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		'Suite, Apt. #, etc.		02152007	Chg-P	CR2E034 (			
City & State		City & State		4. FEI Numb 59-059			<del>                                     </del>	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired		75 Add Required		
	6. Name and Address of Current	Registered Agent	None	7. Name and	Address of New	Registered Ager	nt		
979 BEAC	/, BYRON T HLAND BLVD. ACH, FL 32963	Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
			City	<u> </u>		FL	Zip Code	2	
SIGNATURE.	Signature, typed or printed name of registered agent  E NOWILL FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campai	gn Financing	\$5.00 May Be Added to Fees		DATE			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RUSSELL,ROBERT V 732 BROADWAY VERO BEACH, FL	DEF-Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOLOGNO, KARYN 137 CAPRONA ST SEBASTIAN, FL 32958	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ts Bolojno, Ka 1590 Este Sebastiai	Ryn Rbrook L Hopi	19ne du 3295	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTHOLOMEW, LYLE E. 1065 26TH AVE. VERO BCH, FL	☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP	President Bartinolom 1065 26+n Vero Beac	ew, Lul Ave	· 🗶	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-7IP		•		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deide	TITLE NAME STREET ADDRESS CITY-ST-ZIP			. 🗆	Change	☐ Addition	
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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: 5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(712)862-3384

Daytime Phone #