


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # 160452 1. Entity Name CONCRETE FABRICATORS INC	
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Principal Place of Business 1310 SUNSET DR. CLEARWATER, FL 34615	Mailing Address 1310 SUNSET DR. CLEARWATER, FL 34615
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-0610422	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STANLEY, GYNETH S 1465 S. FORT HARRISON AVE. CLEARWATER, FL 33755	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]* (NOTE: Registered Agent signature required when reinstating) DATE *3-16-04*

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT WYLLIE, NEIL 1310 SUNSET DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYLLIE, DANA A 2450 TREEMONT WAY DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS WYLLIE, POLLY B 1310 SUNSET DRIVE CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYLLIE, NEIL W 1585 E. HOBBIE CREEK DRIVE SPRINGVILLE, UT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/19/04-80010-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Neil Wyllie* *3-16-04* *727-446-3597*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Neil Wyllie