

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 164331**

1. Entity Name  
**JAHNA CONCRETE, INC.**



Principal Place of Business  
**104 SOUTH RAILROAD AVENUE  
AVON PARK, FL 33825 US**

Mailing Address  
**104 SOUTH RAILROAD AVENUE  
AVON PARK, FL 33825 US**



02082005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-0641992**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**JAHNA, DAVID V  
104 S RAILROAD AVE  
AVON PARK, FL 33825**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	JAHNA, FREDERIC W JR
STREET ADDRESS	1319 LAKE ISIS DR
CITY-ST-ZIP	AVON PARK, FL
TITLE	VP
NAME	JAHNA, DAVID V
STREET ADDRESS	1321 LAKE ISIS DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	BOD
NAME	DAVIS, CANDIS J
STREET ADDRESS	698 POPASH RD
CITY-ST-ZIP	WAUCHULA, FL 33873
TITLE	BOD
NAME	JAHNA, NOEL C
STREET ADDRESS	1305 LAKE ISIS DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	BOD
NAME	JAHNA, FARRIS K
STREET ADDRESS	270 W. LAKE TROUT DR
CITY-ST-ZIP	AVON PARK, FL 33825
TITLE	VPM
NAME	JAHNA, W. ALBERT
STREET ADDRESS	1680 AVON PARK ESTATES BLVD.
CITY-ST-ZIP	AVON PARK, FL 33825

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02/28/05-80068-018 150.00

**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)(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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-05 863-453-4353