2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 08, 2006 8:00 am Secretary of State **DOCUMENT # 178606** 1. Entity Name 05-08-2006 90288 017 ***150.00 INTRA STATE TERRAZZO & CEMENT CO. Principal Place of Business Mailing Address 2175 12TH ST SARASOTA FL 34237 2175 12TH ST SARASOTA FL 34237 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For BRADENTON 59-0711682 ONECO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U25 A ij sA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LARRY, CHARLES H. Street Address (P.O. Box Number is Not Acceptable) 2175 12TH ST SARASOTA FL 34237 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **DSV** ☐ Delete TITLE Change : 2560 FRUITVII) e Rd. SARASOTA, FL 34137 RChange WEINHOLD, KARL W NAME NAME STREET ADDRESS 2175 12TH ST. STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Delete TITLE DP TITLE 9911 38+1 AVC. E. BRADENTON, FL 34208 Schange LARRY, CHARLES H. NAME STREET ADDRESS STREET ADDRESS 2175 12TH. ST. CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP TITLE ☐ Detete TITLE 4169 CASCADE PALLS DR SARASOTA FL 34243 NAME MISLYAN, KATHLEEN NAME STREET ADDRESS 2175 12TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 exher like empowered.

SIGNATURE: _

FILED