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

## Mar 14, 2007 8:00 am Secretary of State **DOCUMENT #242793** 03-14-2007 90025 016 \*\*\*150.00 H. C. BUCHANAN CONCRETE, INC. Principal Place of Business Mailing Address H C BUCHANAN 40035261 H C BUCHANAN 1410 ATLANTA AVE 1410 ATLANTA AVE ORLANDO, FL 32806 ORLANDO, FL 32806 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 59-0912962 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUCHANAN, H. C., JR. 8520 BILLINGSHURST PL Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32825 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Chance ☐ Addition NAME **BUCHANAN, CHARLES P.** NAME 5311 YOUNG PINE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP CEOD TITLE ☐ Delete ☐ Change Addition BUCHANAN, H. C. JR. NAME 8520 BILLINGSHURST PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP Delete STD me TITLE ☐ Change ☐ Addition **BUCHANAN, NANCY V** 8520 BILLINGSHURST PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition JONAS THOM HUR NAME NAME 1712 MONTCALM STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP ORLANDO, FL CITY-ST-7IP 23 Delete Change TITLE TITLE ☐ Addition TABOR, L. CHRISTOPHER STREET ADDRESS **502 DUNRAVEN DRIVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK, FL TITI F ☐ Delete TITLE ☐ Chance Addition NAME

FILED

12. 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**3-2-07** 407-849-6070 ( Buchanan, Jr. SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR