

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 279709

FILED  
Apr 20, 2005  
Secretary of State

Entity Name: SCHWAB READY-MIX, INC.

## Current Principal Place of Business:

6700-4 DANIELS PARKWAY  
PO BOX 60307  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 400  
DOVER, OH 44622 US

## New Mailing Address:

FEI Number: 59-1039196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANTRIP, DAVID  
4181 SILVER SWORD CT.  
N. FORT MYERS, FL 33903 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: SCHWAB, J A  
Address: 6700-4 DANIELS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: PD ( ) Delete  
Name: SCHWAB, DAVID A  
Address: 6700-4 DANIELS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

Title: STD ( ) Delete  
Name: SCHWAB, DONNA L  
Address: 6700-4 DANIELS PARKWAY  
City-St-Zip: FORT MYERS, FL 33912

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID A. SCHWAB

PD

04/20/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date