

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 279709

FILED
Apr 28, 2009
Secretary of State

Entity Name: SCHWAB READY-MIX, INC.

Current Principal Place of Business:

6700-4 DANIELS PARKWAY
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 60307
FORT MYERS, FL 33906 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
5701 BASSWOOD COURT
FORT MYERS, FL 33919 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: CD (X) Change () Addition
Name: SCHWAB, J A
Address: 6700-4 DANIELS PARKWAY, SUITE 4
City-St-Zip: FORT MYERS, FL 33912

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 LANTRIP

Electronic Signature of Signing Officer or Director

RA

04/28/2009

_____ Date