

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90049 048 ***150.00

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DOCUMENT # 548128 1. Entity Name COLUMBIA READY MIX CONCRETE INC.					
Principal Place of Business WALDO STREET P.O. BOX 2101 LAKE CITY, FL 32056-2101 32055			Mailing Address WALDO STREET P.O. BOX 2101 LAKE CITY, FL 32056-2101 US		
2. Principal Place of Business 516 NW Waldo St.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 59-1781272 Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EADIE, RENNY B., III RT 22 BOX 2913 LAKE CITY, FL 32024-9212				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 216 SW Shortleaf Drive City LAKE City FL Zip Code 32024	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME EADIE, RENNY B III STREET ADDRESS RT 22 BOX 2913 CITY-ST-ZIP LAKE CITY, FL 32024			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 216 SW Shortleaf Drive CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME EADIE, ROBERT M. STREET ADDRESS RT 13 BOX 559 CITY-ST-ZIP LAKE CITY, FL			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 581 NW Clubview Circle CITY-ST-ZIP LAKE City, FL 32055		
TITLE STD <input type="checkbox"/> Delete NAME EADIE, THEDA M. STREET ADDRESS 1747 W. DUVAL ST. CITY-ST-ZIP LAKE CITY, FL			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 941 NW Eadie St. CITY-ST-ZIP LAKE City, FL 32055		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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:			02/22/05 386-755-2458		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		