

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 15, 2006
Secretary of State**

DOCUMENT# 717386

Entity Name: FLORIDA PRESTRESSED CONCRETE ASSOCIATION, INC.

Current Principal Place of Business:6710 WINKLER ROAD
SUITE 8
FT MYERS, FL 33919 US**New Principal Place of Business:**10150 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 33610 US**Current Mailing Address:**6710 WINKLER ROAD
SUITE 8
FT MYERS, FL 33919 US**New Mailing Address:**10150 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 33610 US

FEI Number: 64-0476534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:MCGEE, FRED L
6710 WINKLER ROAD
SUITE 8
FT MYERS, FL 33919 US**Name and Address of New Registered Agent:**MCGEE, FRED L
10150 HIGHLAND MANOR DRIVE
SUITE 200
TAMPA, FL 33610 US

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:

06/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: STD () Delete
Name: FULLER, KENT
Address: 11325 CR44E
City-St-Zip: LEESBURG, FL 34788Title: M () Delete
Name: MCGEE, FRED L.,
Address: 6710 WINKLER ROAD, STE. 8
City-St-Zip: FT MYERS, FL 33919Title: PD () Delete
Name: SHIMP, EARL
Address: 402 HECKSCHER DRIVE
City-St-Zip: JACKSONVILLE, FL 32226Title: D () Delete
Name: THOMPSON, GAY
Address: P.O. BOX 823, 2709 JEFFCOTT ST
City-St-Zip: FT MYERS, FL 33902Title: D () Delete
Name: REICH, BRUCE
Address: 6301 N 56TH STREET
City-St-Zip: TAMPA, FL 33610Title: VD () Delete
Name: SHANNON, JERRY
Address: 16200 S. PEBBLE LAND
City-St-Zip: FORT MYERS, FL 33912**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: STD (X) Change () Addition
Name: SWITZER, GLEN
Address: 11325 CR44E
City-St-Zip: LEESBURG, FL 34788Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip: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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARL SHIMP

PD

06/15/2006

Electronic Signature of Signing Officer or Director

Date