

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000001234

1. Entity Name
TOP GRADE CONCRETE, INC.



FILED
05 SEP 27 PM 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
16812 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33953

Mailing Address
16812 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33953



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09152005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0805413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 DUVAL ST
TALLAHASSEE, FL 32303

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by October 1, 2005

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
STILLWAGON, JOE
16812 TOLEDO BLADE BLVD.
PORT CHARLOTTE, FL 33953

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800060125978
10/03/05--01003--011 **150.00

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP
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10/03/05--01003--012 **400.00

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☐ Change

☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joe Stillwagon

9/22/05

(941) 661-5721