2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F81727

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SH

APPRUVEL AND FILED

06 JUL -3 AH 10: 13

1. Entity Name C.L.W. CONCRETE CONSTRUCTION, INC.					SECRETARY OF STATE TALLAHASSEE.FLORIDA				
Principal Place of Business 8141 MAINLINE PKWY FORT MYERS, FL 33912 US		Mailing Address 8141 MAINLINE PKWY FORT MYERS, FL 33912 US			1981 P8 HP1 1818		<u> </u>	r B1811 G1 211 G 12	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			06232006	Chg-P	CR2E0	34 (11/05)	
City & State		City & State			4. FEI Number 59-237580	 07			pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of S	tatus Desired		8.75 Add	
27264 GAS	6. Name and Address of Current URTIS L SR SPARILLA DRIVE PRINGS, FL 34134	Registered Agent	Street A 2726	ddress (4. Gas	7. Name and Adultis L. Si P.O. Box Number is Sparilla Di Orings	Not Acceptable		Zip-Cpc	i ^a 35
the obligati	named entity submits this statement folions of registered agent. Signature, typed or printed name of registered agent. ended AR Is \$61.25	and little if applicable. (NOTE: I	egistered office of Registered Agent aigns	r register	ed agent, or both, in when reinstating)	n the State of Fidelica (1994)	DATE		
10.	OFFICERS AND	Trust Fund Contrib	aution.	Add	ed to Fees ADDITIONS/CHA	ANGES TO OFF	ICERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOLFE, CURTIS JR 5401 PARK RD FT MYERS, FL 33908	□ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		ADDITIONSTORIS	14825 10 011	TOLKS AND	Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	T WOLFE, SHEILA 27264 GASPARILLA DR BONITA SPRINGS, FL 34135	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST WOLFE, CHERIE 5401 PARK RD FT MYERS, FL 33908	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	1	Lfe, Cherio Dl Park Ro Myers, F		3908	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Deleta	TITLE P NAME STREET ADDRESS CITY-ST-ZIP	2726	fe, Curtis 64 Gaspari ita Spring	lla Driv		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address,	true and accurate and that my owered to execute this report a	/ signature shall l	nave the	same legal effect as	if made under	oath; that I a	m an office	r or director

7/6 av

239-590-6129

6-27-06