

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F88573

1. Entity Name

AL'S CONCRETE SPECIALTIES, INC.



Principal Place of Business

% AL POLIZZI
7790 SOUTH U.S. 1
PORT ST. LUCIE FL 34952

Mailing Address

% AL POLIZZI
7790 SOUTH U.S. 1
PORT ST. LUCIE FL 34952

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-2356179

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLIZZI, AL
7790 SOUTH U.S. 1
PORT ST. LUCIE FL 34952

7. Name and Address of New Registered Agent

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 \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May B

Trust Fund Contribution. ☐

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD
NAME POLIZZI, AL J.
STREET ADDRESS 228 SE LAKEHURST DRIVE
CITY-ST-ZIP PT. ST. LUCIE FL ☐ Delete

TITLE V
NAME POLIZZI, JOSEPH
STREET ADDRESS 228 SE LAKEHURST DRIVE
CITY-ST-ZIP PT. ST. LUCIE FL 34983 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS 000000302328
CITY-ST-ZIP 04/13/05-80068-009 150.00

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

4-11-05 772 878 49.

Date

Daytime Phone #