## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

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DOCUMENT # F9400000187

S & G CONCRETE COMPANY

STREET ADDRESS

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NAME

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NAME

SPRINGFIELD, VA 22151

CURRY JR, EUGENE D

PATZKE, WALLACE A. JR.

155 EAST 21ST STREET

JACKSONVILLE, FL

PO BOX 666

WYATT, SUSIE A

P.O. BOX 666 N/A

SPRINGFIELD, VA

## FILED Jan 20, 2005 8:00 am Secretary of State 01-20-2005 90035 021 \*\*\*150.00

			66						
Principal Place of Business P.O. BOX 4667 JACKSONVILLE, FL 32201		Mailing Address C/O DENNIS D FRICK PO BOX 4667 JACKSONVILLE, FL 32201-4667 US				1808 8180 8800 <b>88</b> 00 <b>88</b> 00 <b>88</b> 0		3980	
2. Principal Place of Business 3.		3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			01032005	Chg-P	CR2E034 (10/0	)3)	
City & State	Э	City & State			4. FEI Number Applied For 56-1246947 Not Applicable				
Zip Country		Zip	ip Country		5. Certificate	of Status Desired	□ \$8.75 Fee Req	Additional uired	
6. Name and Address of Current Registered Agent									
				ne					
FRICK, DE 155 E 21S JACKSON			Stre	Street Address (P.O. Box Number is Not Acceptable)					
				City FL Zip Code					
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered offic	ce or register	ed agent, or bol	h, in the State of Flo	orida. I am familiar v	vith, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent	signature required	when reinstating)		DATE	<del></del>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Fin Trust Fund Contribution				\$5.	.00 May Be ed to Fees	,			
10.	OFFICERS AND	DIRECTORS	11.				ICERS AND DIRECT	ORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIGGS, BISHOP PO BOX 666 SPEINGFIELD, VA 00000	☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	Judy   2295   Wiln	/ B. Coop Burnet	ecretary per t Blvd NC 28402-	□ Chan	ge XX Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHAPMAN, STEPHEN W PO BOX 666 SPRINGFIELD, VA 22151	☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	Johr ISS 155	istant So D. Mili E. 21st (sonville	ton, Jr.	□ Char	ge XIXI Addition	
TITLE NAME STREET ADDRESS - CITY-ST-ZIP	D RENDER, CLARRON E JR P.O BOX 666 SPRINGFIELD, VA 22151	☐ Delete	TITLE NAME STREET ADOR				Char	ge Addition	
TITLE	AS	☐ Delete	TITLE				☐ Char	ge 🔲 Addition	

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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. The provided in the corporation of the corporation of the receiver or trustee empowered.

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allace A. Patzke