


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90002 009 ***150.00

DOCUMENT # G83509
 1. Entity Name
LEO'S CONCRETE, INC.



Principal Place of Business Mailing Address
1798 AGORA CIRCLE #2 **1798 AGORA CIRCLE #2**
PALM BAY, FL 32909 **PALM BAY, FL 32909**

40029892



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
521 Thor Ave SE **521 Thor Ave SE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

02282007 Chg-P CR2E034 (12/06)

City & State City & State
Palm Bay Florida **Palm Bay Florida**
 Zip Country Zip Country
32909 **USA** **32909** **USA**

4. FEI Number Applied For
59-2381469 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BADALAMENTI, LEOLUCA
1632 SHERIANA CT.
PALM BAY, FL 32907

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	BADALAMENTI, LEOLUCA	
STREET ADDRESS	1798 AGORA CIRCLE SE	
CITY-ST-ZIP	PALM BAY, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BADALAMENTI, ROSE	
STREET ADDRESS	1798 AGORA CIRCLE SE	
CITY-ST-ZIP	PALM BAY, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Rose Badalamenti ROSE BADALAMENTI 2/28/07 (321) 951-7638
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #