

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G93956

FILED  
Apr 09, 2004  
Secretary of State

Entity Name: MICHIGAN CONCRETE, INC.

**Current Principal Place of Business:**

533 S COMBEE RD  
2  
LAKELAND, FL 33801 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2530  
EATON PARK, FL 33840 US

**New Mailing Address:**

FEI Number: 59-2401320      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAWOSCINSKI, ALAN C  
4310 WALLACE RD  
LAKELAND, FL 33813

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAWOSCINSKI, ALAN C.,  
Address: 29 BASS STREET  
City-St-Zip: HAINES CITY, FL

Title: VD ( ) Delete  
Name: SAWOSCINSKI, WALTER, A.  
Address: 11020 TEN OAKS DR.,  
City-St-Zip: HUDSON, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN C. SAWOSCINSKI

PD

04/09/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date