

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # H17344 1. Entity Name ALL BREVARD CONCRETE & MASONRY, INC.	
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Principal Place of Business 108 W. NEW HAVEN AVE MELBOURNE, FL 32901 US	Mailing Address 108 W. NEW HAVEN AVE MELBOURNE, FL 32901 US
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DO NOT WRITE IN THIS SPACE



01312006 No Chg-F CR2EQ34 (11/05)

4. FEI Number 59-2441131	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**BYARS, ROBERT
108 W. NEW HAVEN AVE
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BYARS, ROBERT 108 W. NEW HAVEN AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BYARS, SANDRA 108 W. NEW HAVEN AVE MELBOURNE, FL 32901
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02/15/06-80023-003 150.00

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IN THIS SPACE**

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: Robert Byars Pres 2-1-06 321-676-1269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #