


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H31333</b> 1. Entity Name ADELAIDE BRIGHTON CEMENT (FLORIDA) INC.	
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03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2468500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  LEONARD, EUGENE H. 12567 NE 7TH AVENUE N. MIAMI, FL 33161	<b>DO NOT WRITE IN THIS SPACE</b>
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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 reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHELLEW, MARK P 62 ELDER ROAD ADELAIDE S. AUSTRALIA 5015, 5015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DEVINE, MARK 62 ELDER ROAD ADELAIDE S. AUSTRALIA 5015,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEONARD, EUGENE H 12567 NE 7 AVENUE NORTH MIAMI, FL 33161
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U00000270342  
03/21/05-80003-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

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, with all other like empowered.

**SIGNATURE:** *Eugene H. Leonard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-892-  
2009