

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 8:00 am
Secretary of State

01-08-2004 90053 009 ***150.00

DOCUMENT # J20726

1. Entity Name
CONCRETE PROFILES, INC.



Principal Place of Business

C/O CAROLE F. JOHNS
3225 ANNISTON ROAD
JACKSONVILLE, FL 32246 US

Mailing Address

C/O CAROLE F. JOHNS
3225 ANNISTON ROAD
JACKSONVILLE, FL 32246 US



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2687600

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JOHNS, CAROLE F
3225 ANNISTON RD
JACKSONVILLE, FL 32246

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating).

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	SVT
NAME	JOHNS, KIMBERLY S
STREET ADDRESS	11670 THORNAPPLE DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	PD
NAME	JOHNS, CAROLE F
STREET ADDRESS	12608 MANDARIN RD MANDARIN
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	V
NAME	ALTERI, ALLEN R
STREET ADDRESS	1639 OCEAN BLVD
CITY-ST-ZIP	ATLANTIC BEACH, FL 32233
TITLE	V
NAME	JOHNS, A.J.
STREET ADDRESS	12608 MANDARIN RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Carole F. Johns *A.J. Johns* 1-6-04 904-641-2055