



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90058 032 ***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		
2. Principal Place of Business - No P.O. Box # C/O Carole F. Johns		3. Mailing Address C/O Carole F. Johns			
Suite, Apt. #, etc. 3124 Leon Road		Suite, Apt. #, etc. 3124 Leon Road			
City & State Jacksonville, Florida		City & State Jacksonville, Florida			
Zip 32246	Country USA	Zip 32246	Country USA		
4. FEI Number 59-2687600				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNS, CAROLE F 3225 ANNISTON RD JACKSONVILLE, FL 32246			7. Name and Address of New Registered Agent Name Johns, Carole F Street Address (P.O. Box Number is Not Acceptable) 3124 Leon Road City Jacksonville FL Zip Code 32246		
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 <u><i>Carole F. Johns</i></u> DATE <u>2-06-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JOHNS, CAROLE F 12608 MANDARIN ROAD JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ALTERI, ALLEN R 1639 OCEAN BLVD ATLANTIC BEACH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JOHNS, A.J. 12608 MANDARIN JACKSONVILLE, FL 32223	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Carole F. Johns</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>02-06-08</u> Daytime Phone # <u>904-642-0055</u>		