

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90046 029 \*\*\*150.00

<b>DOCUMENT # J33021</b> 1. Entity Name <b>D &amp; G CONCRETE, INC.</b>																																	
Principal Place of Business <b>125 AVENIDA VENECCIA SARASOTA, FL 34242</b>			Mailing Address <b>125 AVENIDA VENECCIA SARASOTA, FL 34242</b>																														
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		  02282005    Chg-P    CR2E034 (10/03)																													
City & State		City & State																															
Zip	Country	Zip	Country																														
4. FEI Number <b>59-2735673</b>		Applied For <input type="checkbox"/> Not Applicable																															
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>DEWIT, THOMAS 125 AVENIDA VENECCIA SARASOTA, FL 34242</b>																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>																																	
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS																																	
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				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.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">DP</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DEWIT, THOMAS P</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>125 AVENIDA VENECCIA</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL</td> <td></td> </tr> </table>						TITLE	DP	<input type="checkbox"/> Delete	NAME	DEWIT, THOMAS P		STREET ADDRESS	125 AVENIDA VENECCIA		CITY-ST-ZIP	SARASOTA, FL		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete																															
NAME	DEWIT, THOMAS P																																
STREET ADDRESS	125 AVENIDA VENECCIA																																
CITY-ST-ZIP	SARASOTA, FL																																
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>						TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"> </td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td> </td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td> </td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td> </td> <td></td> </tr> </table>				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																															
NAME																																	
STREET ADDRESS																																	
CITY-ST-ZIP																																	
SIGNATURE: <u><i>ti</i></u> <b>3/21/05</b> <b>541-345-0305</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>																																	