2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 18, 2008 08:00 AN Secretary of State

ANNUAL REPORT				C			
	MENT # J33021				Secret	ary of St	
1. Entity Nan D & G C	ÖNCRETE, INC.						
Principat Place 125 AVENID SARASOTA,		Mailing Address 125 AVENIDA VENECCIA SARASOTA, FL 34242		1 1851)15 811	15 N(PT ((IN SANK (158) (16	ı MIZII S'RII AIBII BIBII	BIAN ENGINEN II IBEI
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C	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb 59-273	er		Applied For
	* ,		. if i	5. Certificate	of Status Desired		75 Additional Required
	6. Name and Address of Current Re HOMAS IIDA VENECEIA TA, FL 34242	g stered Agent			NOT W		
8. The above	named entity submits this statement for t	ne purpose of changing its register	ed office or register	ed agent, or bo	th. in the State of Fig	orida. Jam familia	ar with, and accept
the obligat	tions of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered			ed Agent signature required	when reinstating)	en reinstating) DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campalyn Fina Trust Fund Contribution.		.00 May Be ed to Fees	l 1		ļ
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DP DEWIT, THOMAS P 125 AVENINDA VENECCIA SARASOTA, FL	RECTORS		i de la companya del companya de la companya del companya de la co	05/02/0	3-80005-0	23 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W	•	
NAME STREET ADDRESS CITY-ST-ZIP			Park Super James	IN T	THIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		•				·6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· •	48 - 14 m	, ,	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/08 541-349-036