2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 15, 2004 08:00 AM Secretary of State DOCUMENT # J37256 1. Entity Name CORAL CONCRETE, INC. Principal Place of Business Mailing Address 6550 SW 42ND ST. 6550 SW 42ND ST. PALM CITY, FL 34990 PALM CITY, FL 34990 01142004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2728283 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent COOK, ROBERT L. DO NOT WRITE 6550 SW 42ND ST. PALM CITY, FL 33497 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, typod or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PTD TITLE NAME COOK, ROBERT L. U000000089425 6550 SW 42ND ST. STREET ADDRESS 03/15/04-80091-019 150.00 PALM CITY, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 truggee empowered to excepte 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 exployered.

SIGNATURE

STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

PED OR ENINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-04