

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90270 046 \*\*\*150.00

<b>DOCUMENT # J58499</b>					
<b>1. Entity Name</b> <b>F &amp; M CONCRETE CONSTRUCTION COMPANY</b>					
<b>Principal Place of Business</b> 931 S. RIDGEWOOD AVE. STE. B-3 EDGEWATER, FL 32132			<b>Mailing Address</b> 931 S. RIDGEWOOD AVE. STE. B-3 EDGEWATER, FL 32132		
<b>2. Principal Place of Business</b> 1922 Hibiscus Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1922 Hibiscus Drive Suite, Apt. #, etc.			
<b>City &amp; State</b> Edgewater, FL Zip: 32141 Country: USA		<b>City &amp; State</b> Edgewater, FL Zip: 32141 Country: USA		<b>4. FEI Number</b> 59-3076440	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MANGIAFICO, MICHAEL J 1609 JAMES STREET NEW SMYRNA BEACH, FL 32168			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ <b>FL</b> Zip Code: _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> VS <b>NAME</b> STILL, FRANK W., JR. <b>STREET ADDRESS</b> 931 S. RIDGEWOOD AVE., B-3 <b>CITY-ST-ZIP</b> EDGEWATER, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b> 3501 Saxon Drive <b>STREET ADDRESS</b> New Smyrna Bch., FL 32169 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PT <b>NAME</b> MANGIAFICO, MICHAEL J. <b>STREET ADDRESS</b> 1609 JAMES STREET <b>CITY-ST-ZIP</b> NEW SMYRNA BEACH, FL	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4-13-05 386-427-6079 Date Daytime Phone #		