


2004 FOR PROFIT CORPORATION ANNUAL REPORT

Page 107

DOCUMENT # J66211 1. Entity Name A SUPERIOR CONCRETE OF BAY COUNTY, INCORPORATED	
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Principal Place of Business 1801 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444	Mailing Address 1801 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE

FILED
04 JUN 29 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06182004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2772804	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HENDERSON, NATHAN W 1801 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444	DO NOT WRITE IN THIS SPACE
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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 _____
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FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD HENDERSON, NATHAN W 1801 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HENDERSON, KRISTI J 1801 NEW HAMPSHIRE AVE. LYNN HAVEN, FL 32444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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400039085854
07/14/04--01016--003 **150.00

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.

SIGNATURE: <u>Wayne Henderson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	6/24/04 Date	850 265 2120 Daytime Phone #
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6-17-04

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Division of Corporations

I just found this card, I was not aware it was something I needed to do, normally the accountant gives us the forms & we send in a check to renew - I did not know there had been a change in the procedure. I had no way to call because there are no phone numbers - it makes things difficult to do with your office - I can't even send my payment in now because I don't know how much it is - it only tells me about the penalty.

Please do not charge us this penalty - we were unaware of this - we will send as soon as I get something that tells me what to do & how much to send.

You can call us at

850 265 2120 H/O

850 258 7020 cell

Krist Henderson