

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 18, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90050 004 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                 |                                                                                                                                      |                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| <b>DOCUMENT # J66211</b><br>1. Entity Name<br><b>A SUPERIOR CONCRETE OF BAY COUNTY, INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                              |                                 |                                                                                                                                      |                                                        |  |
| Principal Place of Business<br><b>1801 NEW HAMPSHIRE AVE.<br/>LYNN HAVEN FL 32444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                 | Mailing Address<br><b>1801 NEW HAMPSHIRE AVE.<br/>LYNN HAVEN FL 32444</b>                                                            |                                                        |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                              |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                            |                                                        |  |
| City & State<br>Zip      Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                              |                                 | City & State<br>Zip      Country                                                                                                     |                                                        |  |
| 4. FEI Number <b>59-2772804</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                 |                                                                                                                                      | Applied For<br><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<br><b>HENDERSON, NATHAN W<br/>1801 NEW HAMPSHIRE AVE.<br/>LYNN HAVEN FL 32444</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br>SIGNATURE <u>Wayne Henderson</u> DATE _____<br><small>Signature, typed or printed name of registered agent and title is not applicable (NOTE: Registered Agent's signature required when reinstating)</small>                                                                                                                                                                                               |                                                                              |                                 |                                                                                                                                      |                                                        |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2007 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                 | 9. Election Campaign Financing<br>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                                                                                |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PTD<br>HENDERSON, NATHAN W<br>1801 NEW HAMPSHIRE AVE.<br>LYNN HAVEN FL 32444 | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | SD<br>HENDERSON, KRISTI J<br>1801 NEW HAMPSHIRE AVE.<br>LYNN HAVEN FL 32444  | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____<br>_____<br>_____                                                      | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____<br>_____<br>_____                                                      | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____<br>_____<br>_____                                                      | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____<br>_____<br>_____                                                      | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _____<br>_____<br>_____                                                      | <input type="checkbox"/> Delete |                                                                                                                                      |                                                        |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Wayne Henderson</u> <u>Wayne A. Henderson</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                              |                                 |                                                                                                                                      |                                                        |  |

**66019285**

1st MOORE CR2E034 (10/06)