## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# J90977

FILED Apr 19, 2006 Secretary of State

Entity Name: HANSON PIPE & PRODUCTS PRECAST SOUTHEAST, INC.

	rincipal Place of Business:	New Principal Place of Business:
	IWAY #17 SOUTH OVE SPRINGS, FL 32043	
urrent N	lailing Address:	New Mailing Address:
	IPUS PARKWAY E, NJ 07753	
El Number	: 59-2866009 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
lame and	l Address of Current Registered Agen	t: Name and Address of New Registered Agent:
200 SOU	PORATION SYSTEM ITH PINE ISLAND RD. ION, FL 33324 US	
	e named entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
IGNATUI		
	Electronic Signature of Registere	d Agent Date
lection Ca	mpaign Financing Trust Fund Contribution ( )	
FFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
itle: lame: ddress: :ity-St-Zip:	PDC () Delete MANNING, RICHARD C 15720 JOHN J. DELANEY DRIVE CHARLOTTE, NC 28277	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
tle: ame: ddress: ity-St-Zip:	VP ( ) Delete BLECHA, JOAN B 4190 US HIGHWAY 17 SOUTH GREEN COVE SPRINGS, FL 32043	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
ame: ddress:	BLECHA, JOÀN B 4190 US HIGHWAY 17 SOUTH	Name: Address:
ame: ddress: ity-St-Zip: tle: ame: ddress:	BLECHA, JOAN B 4190 US HIGHWAY 17 SOUTH GREEN COVE SPRINGS, FL 32043  VSD () Delete HYER, MICHAEL H 8505 FREEPORT PARKWAY	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:
ame: ddress: ity-St-Zip: ttle: ame: ddress: ity-St-Zip: ttle: ame: ddress:	BLECHA, JOAN B 4190 US HIGHWAY 17 SOUTH GREEN COVE SPRINGS, FL 32043  VSD ( ) Delete HYER, MICHAEL H 8505 FREEPORT PARKWAY IRVING, TX 75063  AS ( ) Delete AVERY, CECIL C 1333 CAMPUS PARKWAY	Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address:

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. HUTCHINSON 04/19/2006 AS Date