2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 05, 2004 08:00 AM Secretary of State DOCUMENT # J95608 1. Entity Name D & M CONCRETE INC. Principal Place of Business Mailing Address 11271 DEMPSEY ROAD 11271 DEMPSEY ROAD BROOKSVILLE, FL 34601 BROOKSVILLE, FL 34601 04212004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2857662 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLOWERS, DAVID DO NOT WRITE 11271 DEMPSEY RD BROOKSVILLE, FL 34601 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, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FLOWERS, DEBBIE NAME U00000155874 11271 DEMPSEY RD STREET ADDRESS 05/05/04-80055-001 150.00 CITY-ST-ZIP BROOKSVILLE, FL 34601 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED