


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90062 050 \*\*\*150.00

**DOCUMENT # K63707**  
 1. Entity Name  
**CONCRETE CONTROL INCORPORATED**



Principal Place of Business      Mailing Address  
 3740 SIPES AVENUE      3740 SIPES AVENUE  
 SANFORD, FL 32773 US      SANFORD, FL 32773 US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

02222005      Chg-P      CR2E034 (10/03)  
 4. FEI Number      Applied For  
**59-2932062**      Not Applicable  
 5. Certificate of Status Desired            \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
**KNOWLES, ROBERT M.**  
**3740 SIPES RD.**  
**SANFORD, FL 32773**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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.

SIGNATURE      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**  
 9. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>KNOWLES, ROBERT M.</b>
STREET ADDRESS	<b>3740 SIPES RD.</b>
CITY-ST-ZIP	<b>SANFORD, FL 32773</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>COPELAND, PEGGY</b>
STREET ADDRESS	<b>3740 SIPES AVE.</b>
CITY-ST-ZIP	<b>SANFORD, FL 32773</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CAMERON, DALE</b>
STREET ADDRESS	<b>1535 PINE AVENUE</b>
CITY-ST-ZIP	<b>ORANGE CITY, FL 32763</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

**SIGNATURE:**       **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**      Date      Daytime Phone # **(407)323-0930**