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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 18, 2005 8:00 am Secretary of State **DOCUMENT # K99197** 04-18-2005 90292 045 ***150.00 DAVID A. HEBEL CONCRETE CONTRACTOR, INC. Principal Place of Business Mailing Address 3213 SW HAMRICK ST. 3213 SW HAMRICK ST. PORT SAINT LUCIE, FL. 34953 PORT SAINT LUCIE, FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 01162005 Chg-P Applied For City & State 4. FEI Number City & State 65-0196572 - - - -- Not Applicable Zip Country Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEBEL, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 953 KING ORANGE DR FT PIERCE, FL 34982 Zip Code City FL 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PSTD Delete TITLE Addition ☐ Change HEBEL, DAVID A. NAME NAME 953 KING ORANGE DR STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT PIERCE, FL 34982 CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-7IP Delete Change [Addition . TITLE MLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZUP MILE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ITHE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi). 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.

20-00

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