2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057583

1. Entity Name
POUR GUYS CONCRETE, LLC



Principal Place of Business

834 1/2 DELAWARE ST TALLAHASSEE, FL 32303 Mailing Address

834 1/2 DELAWARE ST TALLAHASSEE, FL 32303

FILED May 01, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 4. FEI Number 65-1150290
 CR2E083 (11/05)

 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GAINES, DERIC 834 1/2 DELAWARE ST TALLAHASSEE, FL 32303 DO NOT WRITE IN THIS SPACE

 The above named entity submits this statement for the purpose of changing 	ig its registered office of registered agent, or both,	in the State of Florida. I am familiar with, and accep
the obligations of registered agent,		
SIGNATURE Nuc Lan		4/20/07
SIGNATURE AMAZINA		112010
Signature, typed or printed name of registered agent and title if sonlinging	(NOTE: Registered Agent signature required when remetation)	DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS	MGRM GAINES, DERIC 834 1/2 DELAWARE ST
CITY-ST-ZIP ITTLE NAME STREET ADDRESS CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:	184 Den

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/30/0

Daytime Phone #