

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L21236

FILED
Apr 21, 2005
Secretary of State

Entity Name: QUALITY CONCRETE OF COLLIER COUNTY, INC.

Current Principal Place of Business:

4378 DOMESTIC AVE
B
NAPLES, FL 34104 US

New Principal Place of Business:

535 7TH STREET SW
NAPLES, FL 34117 US

Current Mailing Address:

4378 DOMESTIC AVE
B
NAPLES, FL 34104 US

New Mailing Address:

535 7TH STREET SW
NAPLES, FL 34117 US

FEI Number: 65-0148664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, MICHAEL
4378 DOMESTIC AVE #B
NAPLES, FL 34104702 US

Name and Address of New Registered Agent:

MAY, MICHAEL
535 7TH STREET SW
NAPLES, FL 34117 US

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.

SIGNATURE: MICHAEL MAY

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAY, MICHAEL,
Address: 4378 DOMESTIC AVE B
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAY, MICHAEL,
Address: 535 7TH STREET SW
City-St-Zip: NAPLES, FL 34117

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MAY

PRS

04/21/2005

Electronic Signature of Signing Officer or Director

Date