

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L25632

1. Entity Name  
JR CONCRETE, INC.



Principal Place of Business  
% JOSEPH RAY  
212 E. GARDENIA DR  
ORANGE CITY, FL 32763

Mailing Address  
1590 13TH ST  
212 E. GARDENIA DR  
ORANGE CITY, FL 32763 US



02042004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-2973469

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

RAY, JOSEPH  
212 E. GARDENIA DR  
ORANGE CITY, FL 32763

**DO NOT WRITE  
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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000122216  
04/21/04-80020-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	RAY, JOSEPH
STREET ADDRESS	212 E GARDENIA DR.
CITY - ST - ZIP	ORANGE CITY, FL
TITLE	VPS
NAME	RAY, JO ELAINE
STREET ADDRESS	212 E GARDENIA DR.
CITY - ST - ZIP	ORANGE CITY, FL
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**

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

President, JOE A. RAY

4/15/04

Date

(386) 574-8488

Daytime Phone #