


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90040 007 ***150.00

DOCUMENT # L59051 1. Entity Name JOE'S CREATIVE CONCRETE, INC.					
Principal Place of Business 800 SHELL LN. LONGWOOD, FL 32750 US			Mailing Address 800 SHELL LN. 1102 DE LA KEY DR LONGWOOD, FL 32750 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 800 SHELL LANE Suite, Apt. #, etc.			
City & State		City & State LONGWOOD, FL		4. FEI Number NOT APPLICABLE	
Zip 32750		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCLAUGHLIN, JOSEPH E 1102 DE LA KEY DR OCOE, FL 34761				7. Name and Address of New Registered Agent Name JOSEPH E MCLAUGHLIN Street Address (P.O. Box Number is Not Acceptable) 800 SHELL LANE City LONGWOOD FL Zip Code 32750	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, JOSEPH E 1102 DE LA KEY DR OCOE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S JOSEPH E MCLAUGHLIN 800 SHELL LANE LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCLAUGHLIN, JOSEPH E 1102 DE LA KEY CT. OCOE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-10-2005 321-689-8515 <small>Date Daytime Phone #</small>		

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03102005 Chg-P CR2E034 (10/03)