## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Feb 11, 2008 08:00 AN DOCUMENT # L59051 **Secretary of State** JOE'S CREATIVE CONCRETE, INC. Principal Place of Business Mailing Address 800 SHELL LN. 800 SHELL LN. LONGWOOD, FL 32750 LONGWOOD, FL 32750 US No Chg-P CR2E034 (11/05) 02072008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCLAUGHLIN, JOSEPH E DO NOT WRITE 800 SHELL LANE LONGWOOD, FL 32750 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 DATE 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. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MCLAUGHLIN, JOSEPH E NAME STREET ADDRESS 800 SHELL LANE CITY-SI-ZIP LONGWOOD, FL 32750 TITLE MCLAUGHLIN, JOSEPH E U00000821871 02/19/08-80044-014 150.00 NAME STREET ADDRESS 800 SHELL LN CITY-ST-ZIP LONGWOOD, FL 32750 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

MCLAUGH Lin 321-689-8515