

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L75151

FILED
Apr 29, 2009
Secretary of State

Entity Name: JIM'S CONCRETE OF BREVARD, INC.

Current Principal Place of Business:

6929 PHILLIPS PARKWAY DR,S
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

6929 PHILLIPS PARKWAY DR,S
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 59-3018005

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACOBSEN, JAMES J
6929 PHILLIPS PARKWAY DR S
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PDST () Delete
Name: JACOBSEN, JAMES
Address: 5115 S R 13
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: JACOBSEN, LISA
Address: 5115 S R 13
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP () Delete
Name: ARRINGTON, DANNY
Address: 2735 NOBILITY AVE
City-St-Zip: MELBOURNE, FL 32904

Title: VP () Delete
Name: JACOBSEN, HARRY O
Address: 1541 SUNSET DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP () Delete
Name: PHELPS, JEFFREY
Address: 1249 LAKE PARKE DR
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: WASHINGTON, BOBBY RAY
Address: 3643 HAVENWOOD DR
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JAMES J JACOBSEN

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04/29/2009

Electronic Signature of Signing Officer or Director

Date