

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90018 030 ***150.00

DOCUMENT # L75953

1. Entity Name
CONCRETE SERVICES OF QUINCY, INC.



Principal Place of Business

1131 DADE ST
QUINCY, FL 32351 US

Mailing Address

1131 DADE ST
QUINCY, FL 32351 US

40032171



02072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3026130	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BIST, MICHAEL
GARDNER, SHEIFER, DUGGAR, BIST&WIENER
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32312

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	MCMILLAN, WILLIAM N JR
STREET ADDRESS	268 HAVANA HWY
CITY-ST-ZIP	QUINCY, FL 32352

TITLE	PDCM
NAME	MCMILLAN, SABRINA
STREET ADDRESS	268 HAVANA HWY
CITY-ST-ZIP	QUINCY, FL 32352

TITLE	DV
NAME	PARRAMORE, TONY
STREET ADDRESS	102 N. WARD ST.
CITY-ST-ZIP	QUINCY, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

Sabrina McMillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

2/7/05 850-875-1471
Date Daytime Phone #