

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90053 013 ***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**



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3026130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/06

Date

850-875-1471

Daytime Phone #