

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L95044**

**1. Entity Name**  
**BLUE REEF CONCRETE, INC.**



**Principal Place of Business**  
**% LYNNE D. CROSSAN**  
**432 S.E. FAITH TERRACE**  
**PORT ST. LUCIE, FL 34983**

**Mailing Address**  
**% LYNNE D. CROSSAN**  
**432 S.E. FAITH TERRACE**  
**PORT ST. LUCIE, FL 34983**

**DO NOT WRITE IN THIS SPACE**



03302008 No Chg-P CR2E034 (11/05)

**4. FEI Number**  
**65-0225299**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CROSSAN, LYNNE D.**  
**432 S.E. FAITH TERRACE**  
**PORT ST. LUCIE, FL 34983**

**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 re-registering)

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**

000000526755  
05/04/06 00000 013 150.00

**10. OFFICERS AND DIRECTORS**

|                       |                                |
|-----------------------|--------------------------------|
| <b>TITLE</b>          | <b>P</b>                       |
| <b>NAME</b>           | <b>CROSSAN, HERBERT E. III</b> |
| <b>STREET ADDRESS</b> | <b>432 S.E. FAITH TERRACE</b>  |
| <b>CITY-ST-ZIP</b>    | <b>PORT ST. LUCIE, FL</b>      |
| <b>TITLE</b>          | <b>TS</b>                      |
| <b>NAME</b>           | <b>CROSSAN, LYNNE D.</b>       |
| <b>STREET ADDRESS</b> | <b>432 S.E. FAITH TERRACE</b>  |
| <b>CITY-ST-ZIP</b>    | <b>PORT ST. LUCIE, FL</b>      |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |
| <b>TITLE</b>          |                                |
| <b>NAME</b>           |                                |
| <b>STREET ADDRESS</b> |                                |
| <b>CITY-ST-ZIP</b>    |                                |

**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:** Lynne D. Crossan - Lynne D. Crossan 4-19-06 772-979-3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #