

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95044

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: BLUE REEF CONCRETE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 65-0225299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CROSSAN, HERBERT E. III  
Address: 432 S.E. FAITH TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TS  
Name: CROSSAN, LYNNE D.  
Address: 432 S.E. FAITH TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: LYNNE D. CROSSAN

TS

04/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date