## .∞2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 22, 2005 8:00 am Secretary of State 04-22-2005 90307 030 \*\*\*158.75 DOCUMENT # L99523 TOP DOG CONCRETE INC. Principal Place of Business Mailing Address 50042621 10301-HERITAGE FARMS RD 10301 HERITAGE FARMS RD LAKE WORTH, FL-33467 LAKE WORTH, FL 33467 16330 NE 715 STreet 16330 NE 7155 STreeT WILLISTON WILLISTON 04112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0224877 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLORA, BRET 16330 NE 71555 DO NOT WRITE 10301 HERITAGE FARMS RD WILLSTON FC LAKE WORTH, FL-33467 IN THIS SPACE 32696 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) FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PST TITLE 16330 NE 715T NAME FLORA, BRET 10301 HERITAGE FARMS RD WILLISTOS EL STREET ADDRESS LAKE WORTH, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information applied 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 of trustee mpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receive changed, or on an attachment y

SIGNATURE:

TITLE NAME STREET ADDRESS

> ATURE AND TYPED OF TED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED