


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M91384**  
 1. Entity Name  
**FLORIDA PRECAST CORPORATION**



Principal Place of Business <b>521 LAKE AVENUE          SUITE 11          LAKE WORTH, FL 33460</b>	Mailing Address <b>521 LAKE AVENUE          SUITE 11          LAKE WORTH, FL 33460</b>
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03072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0117564</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**UNDERBERG, EUGENE M.  
 521 LAKE AVE  
 SUITE 11  
 LAKE WORTH, FL 33460**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNDERBERG, EUGENE M. 521 LAKE AVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SCHUMACHER, JAMES 1611 N LAKESIDE DR LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1000000298987  
 04/11/05-80010-009 150.00

**DO NOT WRITE 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)(f), 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: James Schumacher  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/05 561-585-3449  
 Date Daytime Phone #