

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90209 022 \*\*\*\*61.25

<b>DOCUMENT # N93000000913</b> 1. Entity Name <b>AMERICAN-CONCRETE-INSTITUTE, FLORIDA GULF CHAPTER, INC.</b>					
Principal Place of Business 6700 DANIELS PKWY SUITE #4 FORT MYERS FL 33912 US		Mailing Address PO BOX 367084 BONITA SPRINGS FL 34136 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0389881</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Applied For		Not Applicable			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LESSARD, NORM</b> <b>5785 GRANDE RESERVE WAY</b> <b># 904</b> <b>NAPLES FL 34110-2359</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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 <u><i>Norm Lessard, Treasurer</i></u> <small>Signature, typed or printed name, registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>				DATE <u>4-19-06</u>	
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSARD, NORM		NAME	CRAIG WALLACE	
STREET ADDRESS	5785 GRANDE RESERVE WAY, #904		STREET ADDRESS	PO BOX 367084	
CITY-ST-ZIP	NAPLES FL 34110-2359		CITY-ST-ZIP	BONITA SPRINGS FL 34136	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAAB, ROBERT A		NAME		
STREET ADDRESS	52524 CEDARBEND DR.		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVINS, MATTHEW <b>PRESIDENT</b>		NAME		
STREET ADDRESS	8911 DANIELS PKWY # 3		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33912		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNAUF, BILL <b>VICE-PRESIDENT</b>		NAME		
STREET ADDRESS	PO BOX 4727		STREET ADDRESS		
CITY-ST-ZIP	N. FORT MYERS FL 33918		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: <u><i>Norm Lessard</i></u>		DATE: <u>4-19-06</u>		DAYTIME PHONE #: <u>(239) 777-7406</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



1st MOORE CR2E037 (10/05)