2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P0000000339 1. Entity Name B & K CONCRETE, INC.					03-13-2006 90070 005 ***150.00			
Principal Place of Business 9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613		Mailing Address 9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613		,	- !	HI BENI BENI EBNI EBNI	. ORGI, ORGI) ABITO MILO (MID IG	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102006	Chg-P	CR2E034 (11/05)	
City & State		City & State		4. FEI Number 59-36159	915		plied For t Applicable	
Z.,	Country	Zip Coun		у	5. Certificate of		S8.75 Add Fee Required	itional
	6. Name and Address of Curren	t Registered Agent	· I		7. Name and A	ddress of New Ro	egistered Agent	
		 		Name			<u> </u>	
SCHOOLEY KIM 9141 LONG LAKE AVENUE BROOKSVILLE FL 34613				Street Address (P.O. Box Number is Not Acceptable)				
	ేక			City			FL Zip Code	
The above nar					ed agent, or both,	in the State of Flo		and accept
SIGNATURE_	ions 5 (istered agent.							
	Signature, 1755. " rinted name of registered ager	nt and title if applicable. (NOT	E: Registered /	Agent signature required	when reinstating)		DATE	
	E NOW!!! IS \$150.00 ay 1, 2006 will be \$550	9. Election Campa Trust Fund Cont			00 May Be ed to Fees			
10.	OFFICERS ANI	D DIRECTORS	11,		ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTORS	IN 11
TITLE	DPST	☐ Delete	TITLE	D/9	5/T		🔼 Change	Addition
NAME	SCHOOLEY, JM		NAME		•			
STREET ADDRESS CITY-ST-ZIP	9141 LONG LAKE AVENUE BROOKSVILLE, FL 34613		STREET CITY-S	TADDRESS ST-ZIP				
TITLE NAME		☐ Delete	TITLE	P	IOOLEY, SA	MUDA	Change	Addition
STREET ADDRESS CITY-ST-ZIP				ADDRESS 914	1 LONG LA	KE AVENUE		
TITLE	<u> </u>				YNCALLE	ET 2/612		
	7	☐ Delete	TITLE	BRC	OKSVILLE,	FL 34613	☐ Change	Addition
NAME STREET ADDRESS		□ Delete	TITLE NAME		OKSVILLE,	FL 34613		☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME	ADDRESS	OKSVILLE,	FL 34613		Addition
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12. Thereby certify that the information supplies with this little does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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:

Mandia Chery SANDRA SCHOOLEY

x 3/9/06

Daytime Phone #