


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # P0000005431
 1. Entity Name
CONCRETE-ON-SITE, INC.



Principal Place of Business — Mailing Address
 377 N.W. 14TH STREET P.O. BOX 1389
 OCALA, FL 34475 OCALA, FL 34478

DO NOT WRITE IN THIS SPACE



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3630896	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MOXON, HENRY J.G.
 377 NW 14TH ST
 OCALA, FL 34475

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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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000270193
 03/19/05-80041-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOXON, HENRY J.G. 377 N.W. 14TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD SWEARINGEN, MARJORIE A.M. 377 NW 14TH STREET OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOXON, MICHELLE A 377 NW 14TH STREET OCALA, FL 34475
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Henry J.G. Moxon, Pres.* **HENRY J.G. MOXON** 3/3/05 352/732-2324

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #