2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P00000005431

1. Entity Name CONCRETE-ON-SITE, INC.



FILED Mar 23, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

377 N.W. 14TH STREET OCALA, FL 34475

P.O. BOX 1389 OCALA, FL 34478



DO NOT WRITE IN THIS SPACE

01252008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3630896

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOXON, HENRY J.G.

DO NOT WRITE

OCALA, FL 34475				IN THIS SPACE			
	a named entity submits this statement for the p tions of registered agent.	urpose of changing its registered of	ffice or re	gistared agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title is	r applicable. MOTE: Registered Agen	nt signature :	equired when reinstating)	DATE		
FIL After M	E NOW!!! FEE IS \$150,00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.	, _□	\$5.00 May Be Added to Fees	000000478803 04/08/06 80019-016 150.00		
10. OFFICERS AND DIRECTORS		TORS					
TITLE NAME STITEET ADDRESS CITY-ST-ZIP TITLE NAME	PD MOXON, HENRY J.G. 377 N.W. 14TH STREET OCALA, FL 34475 VPSD SWEARINGEN, MARJORIE A.M.						
INNE	SVENIMBEN, MARJORIE A.W.						

DO NOT WRITE IN THIS SPACE

TITLE	PD				
NAME	MOXON, HENRY J.G.				
STREET ADDRESS	377 N.W. 14TH STREET				
CITY-ST-ZIP	OCALA, FL 34475				
TITLE	VPSD				
NAME	SWEARINGEN, MARJORIE A.M.				
STREET ADDRESS	377 NW 14TH STREET				
CITY-ST-ZDP	OCALA, FL 34475				
TITLE	TD				
NAME	MOXON, MICHELLE A				
STREET ADDRESS	377 NW 14TH STREET				
City-St-Zip	OCALA, FL 34475				
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE					
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the ex					

increby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 dath, 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.