


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # P00000013536 | |  |
| 1. Entity Name M B C CONCRETE, INC. | | |
| Principal Place of Business 1935 ECTOR RD JACKSONVILLE, FL 32211 | Mailing Address 1935 ECTOR RD JACKSONVILLE, FL 32211 | |



01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 59-3624089 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

| |
|---|
| 6. Name and Address of Current Registered Agent BARGE, JAMES 1935 ECTOR RD JACKSONVILLE, FL 32211 |
|---|

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BOYD, JAMES 1570 AMBERLEK N DUNEDIN, FL 34698 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP CAMPBELL, TIMOTHY 12001 BELCHER RD #C-48 LARGO, FL 33773 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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0000013536
04/28/04-80085-025 158.75

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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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Apr 04 (904) 703-7304
Date Daytime Phone #