

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

05-03-2006 90256 031 ***150.00

DOCUMENT # P00000044215

1. Entity Name
LAPORTE CONCRETE, INC.



Principal Place of Business
**2235 AARON DR.
GREEN COVE SPRINGS, FL 32043**

Mailing Address
**2235 AARON DR.
GREEN COVE SPRINGS, FL 32043**

60035770



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3647785

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~JONES, TERRANCE A~~
~~769 BLANDING BLVD.~~
~~ORANGE PARK, FL 32065~~

Debra LaPorte
2235 Aaron Dr.
Green Cove Springs, FL
32043

**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

Debra K. LaPorte

Debra K. LaPorte

5/1/06

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
**D
LAPORTE, JOE
2235 AARON DR.
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
LAPORTE, DEBRA
2235 AARON DR.
GREEN COVE SPRINGS, FL 32043**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

Debra K. LaPorte

5/1/06

904-291-7224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #