


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90237 028 ***150.00

DOCUMENT # P00000046839 1. Entity Name A.C. CONCRETE CONSTRUCTION, INC.					
Principal Place of Business 515 NORTH 62ND AVE PENSACOLA, FL 32506			Mailing Address 515 NORTH 62ND AVE PENSACOLA, FL 32506		
2. Principal Place of Business Suite, Apt. #, etc. 4809 W. FAIRFIELD DR		3. Mailing Address Suite, Apt. #, etc. 4809 W. FAIRFIELD DR			
City & State PENSACOLA, FL		City & State PENSACOLA, FL			
Zip 32506		Country US		4. FEI Number 59-3642330	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WEBSTER, DARREN SCOTT 112 SOUTH CROW ROAD UNIT C PENSACOLA, FL 32506			7. Name and Address of New Registered Agent Name SCOTT WEBSTER Street Address (P.O. Box Number is Not Acceptable) 4809 W. FAIRFIELD DR. City PENSACOLA, FL Zip Code 32506		
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: X Scott Webster 5-8-06 5-8-06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, ELIL 518 N 62 AV PENSACOLA, FL 32506		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCOTT WEBSTER 4809 W. FAIRFIELD DR. PENSACOLA, FL 32506	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X Scott Webster 5-8-06 5-8-06 (813) 443-3083 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					