2004 FOR PROFIT CORPORATION ANNUAL REPORT **FILED** Apr 26, 2004 08:00 AM Secretary of State **DOCUMENT # P00000050548** 1. Entity Name SHELDON RYAN CONCRETE, INC. Mailing Address Principal Place of Business 2139 W. BIRD ST. 2139 W. BIRD ST. TAMPA, FL 33604 **TAMPA, FL 33604** CR2E034 (10/03) 04222004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3650321 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required DO NOT WRITE RYAN, SHELDON D 2139 W. BIRD ST. **TAMPA, FL 33604** 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 acc the obligations of registered agent. SIGNATURE.

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retiralat				required when reinstating)	DATE .
File NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000128937 /26/04-80058-019 150.00
10. OFFICERS AND DIRECTORS					
TITLE	PSD				
NAME	RYAN, SHELDON D				
	0200147 5155 57				

STREET ADDRESS 2139 W. BIRD ST. CITY-ST-ZIP **TAMPA, FL 33604** HILE NAME RYAN, EVELYN I 2139 W BIRD STREET STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33804 1378 E GRIFFIN, DENISE R NAME STREET ADDRESS 15903 KENT COURT CITY-ST-ZIP **TAMPA, FL 33647** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

DO NOT WRITE IN THIS SPACE

Applied Fo

Not Applic \$8.75 Additional

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

Sheldon D. Ryan

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

4/22/04 phone (8/3) 935-371