


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90010 014 \*\*\*150.00

<b>DOCUMENT # P00000094619</b> 1. Entity Name <b>BILL PETERSON CONCRETE, INC.</b>					
Principal Place of Business <b>831 SE 36TH LANE OCALA, FL 34471</b>			Mailing Address <b>831 SE 36TH LANE OCALA, FL 34471</b>		
2. Principal Place of Business - No P.O. Box # <b>5169 SE 39th Loop</b>		3. Mailing Address <b>5169 SE 39th Loop</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Ocala, FL</b>		City & State <b>Ocala, FL</b>		4. FEI Number <b>59-3682846</b>	
Zip <b>34480</b>		Country 		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PETERSON, BILL 831 SE 36TH LANE OCALA, FL 34471</b>			7. Name and Address of New Registered Agent Name <b>Peterson, Bill</b> Street Address (P.O. Box Number is Not Acceptable) <b>5169 SE 39th Loop</b> City <b>Ocala</b> <b>FL</b> Zip Code <b>34480</b>		
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: <u><i>Bill Peterson</i></u> <b>Bill Peterson</b> DATE: <u><i>3/19/07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, BILL</b> <b>831 SE 36TH LANE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peterson, Bill</b> <b>5169 SE 39th Loop</b> <b>Ocala, FL 34480</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PETERSON, KATHERINE</b> <b>831 SE 36TH LANE</b> <b>OCALA, FL 34471</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Peterson, Katherine</b> <b>5169 SE 39th Loop</b> <b>Ocala, FL 34480</b>
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u><i>Bill Peterson</i></u> <b>Bill Peterson</b>			Date: <u><i>3/19/07</i></u> 352-861-9215		