




**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000097854</b>		
1. Entity Name RONS CONCRETE CONSTRUCTION, INC.		
Principal Place of Business 1049 S. LAKE AVENUE ST. CLOUD, FL 34771	Mailing Address 1049 S. LAKE AVENUE ST. CLOUD, FL 34771	
<b>DO NOT WRITE IN THIS SPACE</b>		
		02152005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-3275973
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
ZIELSDORF, RONALD 1049 S. LAKE AVENUE ST. CLOUD, FL 34771		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when in hearings) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZIELSDORF, RONALD 1049 S. LAKE AVENUE ST. CLOUD, FL 34771	
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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 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: 		2-15-05 407892 4869
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>