

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000116635

**FILED**  
**May 07, 2009**  
**Secretary of State****Entity Name:** SPECIALTY CONCRETE SERVICES, INC.**Current Principal Place of Business:**41444 SR 19 N., STE 3  
UMATILLA, FL 32784**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 159  
ALTOONA, FL 32702**New Mailing Address:****FEI Number:** 59-3687168**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 US**Name and Address of New Registered Agent:**LAMBERT, TONY L  
41444 SR 19 N, STE 3  
UMATILLA, FL 32784 US

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.

SIGNATURE: TONY L LAMBERT

05/07/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAMBERT, TONY L  
Address: 19401 E ALTOONA RD  
City-St-Zip: ALTOONA, FL 32702

Title: VP ( ) Delete  
Name: VINES, BRENT W  
Address: 6330 CONLEY DRIVE  
City-St-Zip: POLK CITY, FL 33868

Title: T ( ) Delete  
Name: BAKER, CHARLES B  
Address: 404 S. 12TH ST.  
City-St-Zip: LEESBURG, FL 34748

Title: S ( ) Delete  
Name: BARBER, SUE S  
Address: 48 GINGER CIR  
City-St-Zip: LEESBURG, FL 34748

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: BAKER, CHARLES B  
Address: 404 S 12TH ST  
City-St-Zip: LEESBURG, FL 34748

Title: T (X) Change ( ) Addition  
Name: PARKER, FREDA D  
Address: 40729 WINKIN LN  
City-St-Zip: UMATILLA, FL 32784

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONY L LAMBERT

PRES

05/07/2009

Electronic Signature of Signing Officer or Director

Date