2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

DOCUMENT # P01000012401 1. Entity Name **FILED** JOSE QUALITY CONCRETE, INC. Feb 25, 2008 08:00 AM Secretary of State Principal Place of Business 1 Mailing Address 3713 KEY PLACE 3713 KEY PLACE SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-1079677 Not Applicable Ζıρ Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHUPP, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 3713 KEY PLACE SARASOTA FL 34239 City Zip Code 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 abcept the obligations of registered agent. SIGNATURE Signature, typad or printed dame of requirement and the 1 implication. DATE (NOTE: Reals ried Agant signature required when reinstating) FILE NOW!!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Food Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Derete TITLE Change Addition CHUPP, JOSEPH NAME NAME STREET ADDRESS 3713 KEY PLACE STREET ADORESS CITY-ST-ZIP SARASOTA FL 34239 City-St-ZIF TULE ☐ Da•ete TITLE ☐ Change Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE THEF ☐ Delete IIILE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-74P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes 1 furtner certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal offect as if made under oath; that I am an efficer 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 within address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR