


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000018738
 1. Entity Name
EDGE CONCRETE & MASONRY, INC.



Principal Place of Business Mailing Address
 36651 MICRO RACETRACK ROAD P O BOX 285
 FRUITLAND PARK, FL 34731 LADY LAKE, FL 32158



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-3699026 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALDERMAN, JAMES A
 36651 MICRO RACETRACK ROAD
 FRUITLAND PARK, FL 34731

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ALDERMAN, JAMES A
STREET ADDRESS	36651 MICRO RACETRACK ROAD
CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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 01/23/04-80019-014 150.00

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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)(f), 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: _____ **1-09-04 352-728-5643**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #