


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90668 007 ***150.00

DOCUMENT # P01000021419	
1. Entity Name PANHANDLE CONCRETE CONSTRUCTION INC.	

Principal Place of Business 2755 FENWICK ROAD PENSACOLA FL 32526 US	Mailing Address 2755 FENWICK ROAD PENSACOLA FL 32526 US
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2. Principal Place of Business 6827 Temple Lane Suite, Apt. #, etc.	3. Mailing Address 5351 Buffer Drive Suite, Apt. #, etc.
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City & State Pensacola FL	City & State Milton FL
Zip 32526 Country US	Zip 32583 Country US

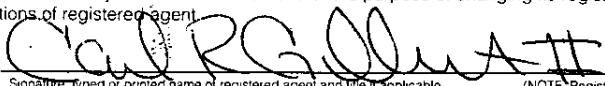


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GILBERT II, CARL R P 5825 LOUISVILLE AVE. PENSACOLA FL 32526	
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4. FEI Number 59-3705473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
5351 Buffer Drive	
City Milton	FL Zip Code 32583

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 	DATE 4/29/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME GILBERT II, CARL R P	
STREET ADDRESS 5825 LOUISVILLE AVENUE	
CITY-ST-ZIP PENSACOLA FL 32526	
TITLE VP	<input type="checkbox"/> Delete
NAME GILBERT, SHARON M VP	
STREET ADDRESS 5825 LOUISVILLE AVENUE	
CITY-ST-ZIP PENSACOLA FL 32526	
TITLE S	<input type="checkbox"/> Delete
NAME VAUSE, SCOTT A S	
STREET ADDRESS 6827 TEMPLE LANE	
CITY-ST-ZIP PENSACOLA FL 32526	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5351 Buffer Drive	
CITY-ST-ZIP Milton, FL 32583	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 5351 Buffer Drive	
CITY-ST-ZIP Milton, FL 32583	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS 10293 West Lake Road	
CITY-ST-ZIP Milton, FL 32583	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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.	
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SIGNATURE: 	(850) 944-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #