2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # P01000026804 t. Entity Name HOLLAR CONCRETE, INC. Principal Place of Business Mailing Address 1410 ELK COURT APOPKA FL 32712: 1410 ELK COURT APOPKA FL 32712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 80-0033520 Not Applicat Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLLAR, BRYAN Street Address (F.O. Box Number is Not Acceptable) 1410 ELK COURT APOPKA FL 32712 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 access the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title (Lapplicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 мау г After May 1, 2006 Fee Will Be \$550,00 Trust Fund 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. DE F ☐ Delete TITLE ☐ Change ☐ Asi, 51. NAME HOLLAR, SHERRYL 100000432011 02/23/06-80053-001 150.00 MAAAF STREET ADDRESS 1410 ELK COURT STREET ADDRESS CITY-ST-ZIP APOPKA FL 32712 CITY-ST-ZIP TITLE ☐ Cclete TITLE ☐ Change Acres NAME HOLLAR, BRYAN STREET ADDRESS 1410 ELK COURT SIRLES ADDRESS CITY-ST-ZIP APOPKA FL 32712 City-ST-ZIP ☐ Detete TOTALE Addition | Change MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SE-79 TITLE ☐ Delete TITLE ☐ Change ☐ Adding NAME NANTE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Algorio. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TRUE Delete. TITLE ☐ Change Add Art NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZTP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 path, 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: _

reme Hollan

Bryon Willow

2/7-/00

FILED