

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-21-2004 90021 015 ***150.00

DOCUMENT # P01000027050 1. Entity Name CENTRAL FLORIDA READY MIX, INC.																											
Principal Place of Business 608 MAIN AVE STE 23 CLERMONT, FL 34711		Mailing Address 608 MAIN AVE STE 23 CLERMONT, FL 34711																									
2. Principal Place of Business 608 MAIN AVE Suite, Apt. #, etc. STE 23 City & State MINNEOLA FL Zip 34715 Country USA		3. Mailing Address 608 MAIN AVE Suite, Apt. #, etc. STE 23 City & State MINNEOLA FL Zip 34715 Country USA																									
4. FEI Number 59-3714498		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07102004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent OWENS, DON M 608 MAIN AVE STE 23 CLERMONT, FL 34711 ADDRESS CHANGE ONLY		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable) 608 MAIN AVE #23 City MINNEOLA FL Zip Code 34715																									
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 re-registering) DATE _____																											
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">D</td> <td style="width: 10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>OWENS, DON M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>608 MAIN AVE STE 23</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CLERMONT, FL 34711</td> <td></td> </tr> </table>		TITLE	D	<input type="checkbox"/> Delete	NAME	OWENS, DON M		STREET ADDRESS	608 MAIN AVE STE 23		CITY-ST-ZIP	CLERMONT, FL 34711		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 80%;">PRESIDENT</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>DON M OWENS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>608 MAIN AVE STE 23</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MINNEOLA FL 34715</td> <td></td> </tr> </table>		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	DON M OWENS		STREET ADDRESS	608 MAIN AVE STE 23		CITY-ST-ZIP	MINNEOLA FL 34715	
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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)(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.																											
SIGNATURE:		Date: 7/30/04 Daytime Phone: _____																									