2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P01000036669 STEPHENS CONCRETE & MASONRY, INC. Principal Place of Business Mailing Address 6612 W DORMANY RD 6612 W DORMANY RD PLANT CITY, FL 33565 PLANT CITY, FL 33565 No Chg-P CR2E034 (11/05) 01312006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3720332 Not Applicable \$8.75 Additional 5. Certificate of Status Qesired 5. Name and Address of Current Registered Agent STEPHENS, EUGENE DO NOT WRITE 6612 W DORMANY RD PLANT CITY, FL 33565 IN THIS SPACE 6. 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 Signature, typed or printed name of registered agent and life if applicable (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Ba FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE STEPHENS, EUGENE NAME STREET ACCRESS 6612 W DORMANY RD CITY-ST-ZIP PLANT CITY, FL 33565 U00000469328 03/25/06-80025-003 150.00 DVT 77728 STEPHENS, SANDRA D NAME STREET ADDRESS 6612 W DORMANY RD CITY-ST-ZIP PLANT CITY, FL 33565 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 cath; 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.

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
MAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF STONING OFFICER OR DIRECTOR

3-12-06

(813) 376-3808

FILED

Daytims Phone 1