

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000053157

1. Entity Name

ARCHITECTURAL CONCRETE CONSULTANTS, INC.



**FILED
Apr 30, 2007 8:00 am
Secretary of State**

04-30-2007 90382 023 ***150.00



1st MOORE CR2E034 (10/06)

Principal Place of Business 907 RAWLINGS CIRCLE LUTZ FL 33549		Mailing Address POST OFFICE BOX 2636 LUTZ FL 33548-2636			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent POTVIN, JEFFREY M 907 RAWLINGS CIRCLE LUTZ FL 33549				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL 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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY ST ZIP	P POTVIN, JEFFREY M 907 RAWLINGS CIRCLE LUTZ FL 33549	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP
NAME STREET ADDRESS CITY ST ZIP	T POTVIN, LISA A 907 RAWLINGS CIRCLE LUTZ FL 33549	<input type="checkbox"/> Delete	NAME STREET ADDRESS CITY ST ZIP
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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 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: *Lisa Potvin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07 813-909-2242

Date

Daytime Phone #