


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90038 050 ***150.00

DOCUMENT # P01000098714

1. Entity Name
HOWARD CONCRETE SERVICES, INC.



Principal Place of Business Mailing Address
411 C STATE ROAD 33 **P.O BOX 685**
SUITE A **GROVELAND FL 34736**
GROVELAND FL 34736

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3653784** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
HOWARD, MARK
6629 WYNN LANE
GROVELAND FL 34736

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
 Trust Fund Contribution. **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOWARD, MARK	
STREET ADDRESS	6629 WYNN LANE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	DST	<input type="checkbox"/> Delete
NAME	HOWARD, RACHEL	
STREET ADDRESS	6629 WYNN LANE	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, GARY	
STREET ADDRESS	6629 WYNN LANE	
CITY-ST-ZIP	GROVELAND FL 34736	
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 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		
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 1.1 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: 

24 January 2005 (352) 429-9845
 Date Daytime Phone #