2007 FOR PROFIT CORPORATION

Apr 11, 2007 8:00 am Secretary of State ANNUAL REPORT 04-11-2007 90025 038 ***150.00 DOCUMENT # P01000104906 1. Entity Name SCOOTER'S CONCRETE, INC. 40056463 Principal Place of Business Mailing Address P. O. BOX 611 P. O. BOX 611 GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052007 CR2E034 (12/06) Chg-P City & State 4. FEI Number Applied For City & State 59-3754763 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAWLEY, DIANE T Street Address (P.O. Box Number is Not Acceptable) 1606 SPRUCE ST. GREEN COVE SPRINGS, FL 32043 Zio 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ☐ Change Addition NAME CAWLEY, DIANE T NAME 1606 SPRUCE ST STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP CITY - ST - ZIF TITLE ☐ Delete TITLE Change ☐ Addition CAWLEY, DELBERT NAME NAME STREET ADDRESS 1606 SPRUCE ST STREET ADDRESS GREEN COVE SPRINGS, FL 32043 CITY-SI-7(P CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE THACKER, JONATHAN NAME 1686 SPRUCE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME STREET ADDRESS STREET ADDRESS

12. I hereby 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 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

CITY-ST-ZIE

SIGNATURE:

CITY - ST-ZIP

IANE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-284-0088

FILED

Daytime Phone #