


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000110129 1. Entity Name PRECAST CONCRETE ASSOCIATION, INC.	
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Principal Place of Business 4405 W. HWY. 40 OCALA, FL 34482	Mailing Address 4405 W. HWY. 40 OCALA, FL 34482
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**DO NOT WRITE IN THIS SPACE**

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 31-1812449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KNUDSON, KELLY 4405 W. HWY. 40 OCALA, FL 34482	<b>DO NOT WRITE IN THIS SPACE</b>
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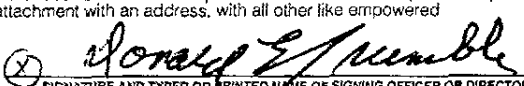
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>100000073332 03/02/04-80032-006 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MISIEWICZ, LAURA 4405 W. HWY. 40 OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRUMBLE, DONALD E 4405 W HWY 40 OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KNUDSON, KELLY 4405 W. HWY. 40 OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(b), 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:  02-27-04 352-351-3834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #