

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90091 039 ***150.00

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DOCUMENT # P01000110129 1. Entity Name PRECAST CONCRETE ASSOCIATION, INC.					
Principal Place of Business 4405 W. HWY. 40 OCALA, FL 34482		Mailing Address 4405 W. HWY. 40 OCALA, FL 34482			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 31-1812449 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent KNUDSON, KELLY 4405 W. HWY. 40 OCALA, FL 34482			7. Name and Address of New Registered Agent Name George Ortiz Attorney Street Address (P.O. Box Number is Not Acceptable) 1515 Silver Springs Blvd Suite 128 City Ocala FL Zip Code 34470		
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 <u><i>George Ortiz</i></u> 3/1/05 Signature of elect or elected name of the new agent and office is applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MISIEWICZ, LAURA 4405 W. HWY. 40 OCALA, FL 34482	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST Russell, LLC 4405 W. HWY 40 OCALA FL 34482	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TRUMBLE, DONALD E 4405 W HWY 40 OCALA, FL 34482	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KNUDSON, KELLY 4405 W. HWY. 40 OCALA, FL 34482	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 807, 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: <u><i>Donald E Trumble</i></u> 03/03/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					