

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2004 08:00 AM
Secretary of State**

DOCUMENT # P02000009752

1. Entity Name
CONCRETE PLUS OF CENTRAL FL, INC.



Principal Place of Business

**128 E. HAMLIN TRAIL
FROSTPROOF, FL 33843**

Mailing Address

**128 E. HAMLIN TRAIL
FROSTPROOF, FL 33843**

DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3759142

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CUTTS, GLENN
128 E. HAMLIN TRAIL
FROSTPROOF, FL 33843**

**DO NOT WRITE
IN THIS SPACE**

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

4-26-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CUTTS, GLENN
STREET ADDRESS	128 E. HAMLIN TRAIL
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	D
NAME	CUTTS, KIMBERLY
STREET ADDRESS	128 E. HAMLIN TRAIL
CITY-ST-ZIP	FROSTPROOF, FL 33843
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/28/04-80033-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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 11 if changed, or on an attachment with an address with all other like empowered.

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

4-26-04

Date

863-676-2789

Daytime Phone #