## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 14, 2004 8:00 am Secretary of State **DOCUMENT # P02000022853** 1. Entity Name 04-14-2004 90053 026 \*\*\*158.75 JEREMIE GREMLER CONCRETE, INC. Principal Place of Business Mailing Address 482 LESLIE DRIVE 482 LESLIE DRIVE PORT ORANGE FL 32127 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address 2109 orange Tree Drive 2109 Orange Tree Drive Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For FC. Edgewater 04-3616812 Edgewater Not Applicable Country Zip Zip \$8.75 Additional 5. Certificate of Status Desired 3214 USA usr Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GREMLER, JEREMIE J **482 LESLIE DRIVE** PORT ORANGE FL 32127 Edgewater 32141 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 Jeremre J. Gremler SIGNATURE ure, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change ☐ Delete TITLE ☐ Addition Jeremie J. Gremler 2109 Orange Tree Drive GREMLER, JEREMIE J NAME NAME Cocdress 482 LESLIE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP Edge Water FL. 32141 TITLE Delete TITLE ☐ Addition ☐ Change BANKARD, ARTHUR H NAME 3635 DONNA STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32119 CITY-ST-ZIP TITLE TITLE (X) Change ☐ Delete ☐ Addition Stacy L. Gremler 2109 orange Tree brive Edgewater, FC. 32141 NAME GREMLER, STACY L NAME. STREET ADDRESS 482 LESLIE DRIVE STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 preceiver 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.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

386-478-1537