2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005
Secretary of State

DOCUMENT# P02000027388

Entity Name: SUNSHINE CONCRETE SERVICES, INC.

Current Principal Place of Business:

16751 OLD US 41
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 277
ESTERO, FL 339280277 US

New Mailing Address:

FEI Number: 03-0415153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSTON, RICHARD C
1425 ROSADA WAY
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: JOHNSTON, RICHARD C
Address: 1425 ROSADA WAY
City-St-Zip: FORT MYERS, FL 33901 US

Title: PD ( ) Delete
Name: ORTENGREN, TRACY
Address: 2650 GROVELINE COURT
City-St-Zip: ESTERO, FL 33928 US

Title: VD ( ) Delete
Name: JOHNSTON, THEODORE
Address: 1203 WALDEN DRIVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: SD ( ) Delete
Name: GEIST, TRISH J
Address: 5317 CHIPPENDALE CIRCLE
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY K ORTENGREN PD 01/20/2005
Electronic Signature of Signing Officer or Director Date