

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90171 021 \*\*\*150.00

<b>DOCUMENT # P02000037835</b>					
<b>1. Entity Name</b> MATTHEW SIZEMORE CONCRETE, INC.					
<b>Principal Place of Business</b> 8420 BRIARLEAF COURT PORT RICHEY, FL 34668			<b>Mailing Address</b> 8420 BRIARLEAF COURT PORT RICHEY, FL 34668		
<b>2. Principal Place of Business</b> <i>7022 Oregon Chicadee</i>		<b>3. Mailing Address</b> <i>Same</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> <i>Brooksville FL</i>		<b>City &amp; State</b>		<b>4. FEI Number</b> 71-0881167	
<b>Zip</b> <i>34613</i>		<b>Country</b> <i>Hernando</i>		<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SIZEMORE, MATTHEW 8420 BRIARLEAF CT. PORT RICHEY, FL 34668 <i>change Address</i>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <i>7022 Oregon Chicadee</i> City <i>Brooksville</i> <b>FL</b> <i>34613</i>	
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> <input type="checkbox"/> Delete SIZEMORE, MATTHEW G 8420 BRIARLEAF COURT PORT RICHEY, FL 34668		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<i>President</i> <i>Matt Sizemore</i> <i>7022 Oregon Chicadee</i> <i>Brooksville FL</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <i>Matthew G Sizemore</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>1-10-06</i>		
Daytime Phone # <i>(727) 946-5321</i>					