2004 FOR PROFIT CORPORATION

DOCUMENT # P02000041997

1. Entity Name CHARIOT CONCRETE CORP.



FILED Jul 07, 2004 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

2511 NE 12 COURT

POMPANO BEACH, FL 33062

2511 NE 12 COURT POMPANO BEACH, FL 33062



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No Chg-P 07012004

CR2E034 (10/03)

4. FEI Number 22-3009868 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANNER, GARY 2511 NE 12 COURT POMAPNO BEACH, FL 33062

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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.					
SIGNA	Signature, typed or printed name of registered agent and bits	a il applicable. (NOTE Register	red Agent signalure	required when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DIRE	CTORS	.1		
TITLE	PD		7		
NAME	TANNER, GARY		ı		

STREET ADDRESS | 2511 NE 12 COURT CITY-ST-ZIP POMPANO BEACH, FL 33062 TANNER, LINDA NAME STREET ADDRESS 2511 NE 12 COURT CITY-SI-ZIP POMPANO BEACH, FL 33062 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

<u>U</u>00000163469 07/07/04-80003-013 150.00

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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: .

TITS F NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR