2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043100

1. Entity Name

JAMES BLAND CONCRETE OF BREVARD, INC.



Principal Place of Business ... Mail

3477 JUPITER BLVD., SE PALM BAY, FL 32909 Mailing Address

3477 JUPITER BLVD., SE PALM BAY, FL 32909

FILED Apr 13, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04082005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2044506 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLAND, JAMES SR. 3477 JUPITER BLVD., SE PALM BAY, FL 32909

DO NOT WRITE IN THIS SPACE

Them Bitt, i E 32303			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 famillar 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
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLAND, JAMES SR, 3477 JUPITER BLVD., SE PALM BAY, FL 32909				U00000301906 04/13/05-80051-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•
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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

321-956-0332