

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 20, 2004 8:00 am
Secretary of State

08-20-2004 90006 013 ***550.00

DOCUMENT # P02000058826

1. Entity Name

ELBRECHT CONCRETE, INC.



Principal Place of Business

23205 COCONUT SHORES
BONITA SPRINGS FL 34134

Mailing Address

23205 COCONUT SHORES
BONITA SPRINGS FL 34134

24080430



MOORE

CR2E034 (4/04)

2. Principal Place of Business

4170 Canal Rd

3. Mailing Address

Po Box 885

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

PO Box 885, IN

4. FEI Number

55-0786693

Applied For

Not Applicable

Zip

33916

Country

USA

Zip

46034

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ELBRECHT, CHRISTOPHER W
23205 COCONUT SHORES
BONITA SPRINGS FL 34134

7. Name and Address of New Registered Agent

Name

Christopher W. Elbrecht

Street Address (P.O. Box Number is Not Acceptable)

4170 Canal Rd

City

Ft. Myers

FL

Zip Code

33916

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.

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 \$550.00

DUE BY September 8, 2004

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ELBRECHT, CHRISTOPHER W	
STREET ADDRESS	23205 COCONUT SHORES	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELBRECHT, APRIL	
STREET ADDRESS	23205 COCONUT SHORES	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Same Name	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4170 Canal Rd	
STREET ADDRESS	Ft. Myers, FL 33916	
CITY-ST-ZIP		
TITLE	Same Name	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4170 Canal Rd.	
STREET ADDRESS	Ft. Myers, FL 33916	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/04

317-773-1976

Date

Daytime Phone #