## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2004 8:00 am Secretary of State

ANNUAL REPURI					secretary of State					
DOCUMENT # P02000080561  1. Entity Name				a a		04-16-200	_			
	NCRETE STRUCTURES IN	C								
Principal Plac	e of Business	Mailing Address	<u></u>				940	ეკესა		
13050 GAND		13050 GANDY BLVD.					0.7.			
31. PETERSE	BURG, FL 33702	ST. PETERSBURG, FL 33	702		• I <b>II N</b> IA <b>I</b> II	waish istil BSar pare as		PAIN. AND NOV. 117		
	Place of Business 1 Land St.	3. Mailing Address	nd St.							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		C	04122004	Chg-P	CR2E	034 (10/03)		
City & Stat	· · · · · · · · · · · · · · · · · · ·	City & State		4	FEI Numbe				oplied For	
Zip	O, TC Country	Largo, FC	Country		74-305			\$8.75 Add	ot Applicable	
3377	3 U.S.	<u></u>	١٠٩٠			of Status Desired		Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
CROFT, HAROLD				Street Address (P.O. Box Number is Not Acceptable)						
13050 GANDY BLVD. ST. PETERSBURG, FL 33702				با ١٥	and	St.				
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R The shown	$\perp$ $\perp$ a	regioner	annet or ho	th in the State of E	F					
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 12 7 72 - 04								04		
SIGNATURE.		<u> </u>								
SIGNATURE,	Spreake, typed or printed name of registered agent a	ind title if applicable. (NOTE: F	Registered Agent signatu	же геоцикай whe	a) (enstating)		DATE			
FIL	Sorphie, typed or intered name of registered agent at the NOW!!! FEE IS \$150.00 ay 1, 2004 Pee will be \$550.00	9. Election Campaign	n Financing	<del>`</del>	May Be		DATE			
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib DIRECTORS	n Financing pution.   11.	\$5.00 Added t	May Be to Fees ADDITIONS/	CHANGES TO OF	DATE		S IN 11	
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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 aporther like empowered.

SIGNATURE:

PIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-0 7 (137) 530-5 ULT