

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90087 018 ***150.00

DOCUMENT # P02000080561					
1. Entity Name J L P CONCRETE STRUCTURES INC					
Principal Place of Business 13050 GANDY BLVD. ST. PETERSBURG, FL 33702			Mailing Address 13050 GANDY BLVD. ST. PETERSBURG, FL 33702		
2. Principal Place of Business 12201 Land St. Suite, Apt. #, etc.		3. Mailing Address 12201 Land St. Suite, Apt. #, etc.			
City & State Largo, FL Zip: 33773 Country: U.S.		City & State Largo, FL Zip: 33773 Country: U.S.		4. FEI Number 74-3053065	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For: <input type="checkbox"/> Not Applicable: <input type="checkbox"/>	
6. Name and Address of Current Registered Agent CROFT, HAROLD 13050 GANDY BLVD. ST. PETERSBURG, FL 33702			7. Name and Address of New Registered Agent Name: Joe L. Peters Street Address (P.O. Box Number is Not Acceptable): 12201 Land St. City: Largo, FL Zip Code: 33773		
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: DATE: 4-12-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE: P NAME: PETERS, JOE L STREET ADDRESS: 12201 LAND ST. CITY-ST-ZIP: LARGO, FL 33773	<input type="checkbox"/> Delete		TITLE: Secretary NAME: Crystal Peters STREET ADDRESS: 1201 Seminole Blvd. #460 CITY-ST-ZIP: Largo, FL 33770	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: V NAME: CRAFT, HAROLD STREET ADDRESS: 13040 CANDY BLVD. CITY-ST-ZIP: SAINT PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 another like empowered.					
SIGNATURE:			Date: 4-12-04 Daytime Phone #: (813) 530-5660		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					