2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: (\_

			-1		Feb 12, 2004 08:00 AM	,-	
DOCUMENT # P02000109304  1. Entity Name					Secretary of State		
CARPE DIEM CONCRETE, INC.							
Principal Plac	e of Business	Mailing Address		<u> </u>			
44 FLAMINGO DR		44 FLAMINGO DR					
PÁLM COAST FL 32137 PÁLM COAST FL			37				
2. Principal Place of Business		3. Mailing Address				Ä	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u> </u>	MOORE CR2E034 (11/03)		
City & State		City & State			4. FEI Number 81-0574318 Applied I Not Appl	licable	
Zip 	Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	:	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
JACOB, CHRISTOPHER A				Name	ame		
44 FLAMINGO DR PALM COAST FL 32137				Street Address (P.O. Box Number is Not Acceptable)			
				Caty	FL Zip Code	<u> </u>	
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 whon reinstable)  DATE							
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Financing \$5.00 Mag		
	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o	f State			Trust Fund Contribution. Added to Fer		
10.	OFFICERS AND		11.		ADDITIONS (CHANGES TO DEFINE AND DIDECTORS IN	<del></del>	
TITLE	D . OCCIOERS AND	Delete	गर		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	Addition	
NAME	JACOB, CHRISTOPHER A	Las Doicte	NAN	<b> </b>	To comings III	,comon	
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CITY-ST ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>	CITY	r-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.							
changed, or on an attachment with an address, with all other like ampowered.							

**FILED**