

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90015 015 \*\*\*150.00

<b>DOCUMENT # P02000119577</b>					
<b>1. Entity Name</b> SOUTHEAST CONCRETE SYSTEMS, INC.					
<b>Principal Place of Business</b> 132 NE SOLIDA DR PORT ST. LUCIE, FL 34983			<b>Mailing Address</b> PO BOX 12891 FT PIERCE, FL 34979		
<b>2. Principal Place of Business</b> 341 S.E. Riverside Dr.		<b>3. Mailing Address</b> 341 S.E. Riverside Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162004    Chg-P    CR2E034 (10/03)	
<b>City &amp; State</b> Port St Lucie FL		<b>City &amp; State</b> Port St Lucie FL		<b>4. FEI Number</b> 56-2311872	
<b>Zip</b> 34983		<b>Country</b> St Lucie		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TREFELNER, JAMES D 132 NE SOLIDA DR PORT ST. LUCIE, FL 34983			<b>7. Name and Address of New Registered Agent</b> Name: <u>DENNIS Trefelner</u> Street Address (P.O. Box Number is Not Acceptable): <u>341 S.E. Riverside Dr.</u> City: <u>Port St Lucie</u> State: <u>FL</u> Zip Code: <u>34983</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> DATE: <u>2/9/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TREFELNER, JAMES D 132 NE SOLIDA DR PORT ST. LUCIE, FL 34983	<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	VD TREFELNER, DENNIS 341 SE RIVERSIDE DR PORT ST. LUCIE, FL 34983	<input 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	ST TREFELNER, RACHEL 132 NE SOLIDA DR PORT ST. LUCIE, FL 34983	<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	
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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			Date: <u>2/9/04</u> Daytime Phone #:		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					