

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 21 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P03000016028</b> 1. Entity Name <b>BLOUNTSTOWN CONCRETE WORKS, INC.</b>	
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Principal Place of Business PO BOX 206N BLOUNTSTOWN, FL 32424	Mailing Address PO BOX 206N BLOUNTSTOWN, FL 32424
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2. Principal Place of Business <b>14493 S.W. TD Barker Rd</b> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01212004    Chg-P    CR2E034 (10/03)

City & State <b>Kinard FL</b>	City & State
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4. FEI Number <b>51-0445004</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32449</b>	Country <b>U.S.A.</b>	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STEPHENS, MARY JO</b> <b>20324 NW MCCLELLAN AVE</b> <b>BLOUNTSTOWN, FL 32424</b>
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>14493 S.W. TD Barker Rd.</b> City <b>Kinard</b> <b>FL</b> Zip Code <b>32449</b>
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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: *Mary Jo Stephens*      DATE: 012104

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director</b> <b>Dewey Stephens</b> <b>14493 SW TD Barker Rd</b> <b>Kinard, FL 32449</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Director</b> <b>Mary Jo Stephens</b> <b>14493 S.W. TD Barker Rd</b> <b>Kinard, FL 32449</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>500028400855</b> <b>02/09/04--01022--014 **158.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *Mary Jo Stephens*      Date: 012104      Daytime Phone #: 850-674-5887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #