


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JAN 21 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000016028	
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1. Entity Name
BLOUNTSTOWN CONCRETE WORKS, INC.

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 14493 S.W. TD Barker Rd Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01212004 Chg-P CR2E034 (10/03)

City & State Kinard FL	City & State
Zip 32449	Country U.S.A.

4. FEI Number 51-0445004	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required


6. Name and Address of Current Registered Agent

STEPHENS, MARY JO
20324 NW MCCLELLAN AVE
BLOUNTSTOWN, FL 32424

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
14493 S.W. TD Barker Rd.
City Kinard FL Zip Code 32449

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 012104

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Dewey Stephens
CITY-ST-ZIP	14493 S.W. TD Barker Rd Kinard, FL 32449
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director
STREET ADDRESS	Mary Jo Stephens
CITY-ST-ZIP	14493 S.W. TD Barker Rd Kinard, FL 32449
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-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.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

012104 Date

850-674-5887 Daytime Phone #