

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P03000034043

**FILED**  
**May 16, 2007**  
**Secretary of State****Entity Name:** MIKE SWIDER CONCRETE, INC.**Current Principal Place of Business:**862 CARNATION AVE SE  
PALM BAY, FL 32909**New Principal Place of Business:****Current Mailing Address:**862 CARNATION AVE SE  
PALM BAY, FL 32909**New Mailing Address:****FEI Number:** 16-1658511**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SWIDER, PATTI  
862 CARNATION AVE SE  
PALM BAY, FL 32909 US**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:****Title:** DPS ( ) Delete  
**Name:** SWIDER, MICHAEL  
**Address:** 862 CARNATION AVE SE  
**City-St-Zip:** PALM BAY, FL 32909**Title:** 2VP ( ) Delete  
**Name:** TAYLOR, RANDALL  
**Address:** 975 MARIPOSA DRIVE NE  
**City-St-Zip:** PALM BAY, FL 32907**Title:** DT ( ) Delete  
**Name:** SWIDER, PATTI  
**Address:** 862 CARNATION AVE SE  
**City-St-Zip:** PALM BAY, FL 32909**Title:** VP ( ) Delete  
**Name:** CADDELL, MATTHEW R  
**Address:** 872 CORNELL ST. SE  
**City-St-Zip:** PALM BAY, FL 32909**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** 2VP (X) Change ( ) Addition  
**Name:** WILLIAMS, ROGER  
**Address:** 1500 WOODLAKE DRIVE NE APT 205  
**City-St-Zip:** PALM BAY, FL 32905**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** 1VP (X) Change ( ) Addition  
**Name:** BORMAN, HENRY W  
**Address:** 460 IXORA AVENUE NW  
**City-St-Zip:** PALM BAY, FL 32907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MICHAEL SWIDER

DPS

05/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date