

SENT BY: JOHN H. RAINS III, P.A.;

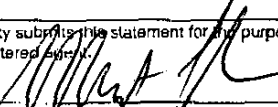
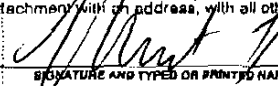
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FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90174 043 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P03000035131			
1. Entity Name A SOUTHWEST CONCRETE, INC.			
Principal Place of Business 1159 SR 54 ODESSA, FL 33556		Mailing Address 1159 SR 54 ODESSA, FL 33556	
2. Principal Place of Business 1159 SR 54 Suite, Apt. #, etc.		3. Mailing Address 1159 SR 54 Suite, Apt. #, etc.	
City & State Odessa, FL 33556		City & State Odessa, FL 33556	
Zip 33556	Country USA	Zip 33556	Country USA
4. FEI Number 04-3749736		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SADORF, RICK W ESQ 696 1ST AVE N, STE 201 ST PETERSBURG, FL 33701		7. Name and Address of New Registered Agent Name: Matthew D. Fulford Street Address (P.O. Box Number is Not Acceptable): 1159 SR 54 City: Odessa FL Zip Code: 33556	
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: 		Matthew Fulford 4-28-04	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Matthew D. Fulford President/Director 1159 SR 54, Odessa, FL 33556 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 this 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: 		Matthew Fulford 4-28-04 813 792 0180	