SENT BY: JOHN H. RAINS III, P.A.; 813 221 3737; API

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

04122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business
14159 SR 54
Suite, Apt. #, etc.
City & State: Odessa, FL 33556
Zip: 33556 Country: USA

3. Mailing Address
14159 SR 54
Suite, Apt. #, etc.
City & State: Odessa, FL 33556
Zip: 33556 Country: USA

4. FEI Number 04-3749736 ☐ Applied For ☐ Not Applicable

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): 14159 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 [signature] Matthew Fulford 4-28-04
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP			
	Matthew D. Fulford President/Director 14159 SR 54, Odessa, FL 33556	☐ Change	☒ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ 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: [signature] Matthew Fulford 4-28-04 813-792-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #