

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90999 038 ***150.00

2004 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name PO3000036158	
SHADY BROOK CONCRETE, INC.	

14019014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5070 INDIAN MOUND ST. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State	
Zip 34232	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2331694		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JUAN GALVAN	
	Street Address (P.O. Box Number is Not Acceptable) 5070 INDIAN MOUND ST.	
	City SARASOTA	Zip Code 34232

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUAN GALVAN 5070 INDIAN MOUND ST. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD SHYANN GALVAN 5070 INDIAN MOUND ST. SARASOTA, FL 34232	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

 **Juan Galvan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 941.371.6851