2004 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 20, 2004 8:00 am
Secretary of State

02-02-2004 90017 040 ***150.00

DOCUMENT # P03000041654

1. Entity Name
BOLOGNESE CONCRETE SYSTEMS, INC.

Principal Place of Business	Mailing Address
10915 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	10915 BONITA BEACH ROAD BONITA SPRINGS, FL 34135

01072004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10951 Harmony Park Dr.	10951 Harmony Park Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bonita Springs, FL.	City & State: Bonita Springs, FL.
Zip: 34135 Country: US	Zip: 34135 Country: US

4. FEI Number 42-1577719 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BOLOGNESE, DIANE~~ 10915 BONITA BEACH ROAD BONITA SPRINGS, FL 34135	Name: ~~Bolognese, Diane~~ Street Address (P.O. Box Number is Not Acceptable): 10951 Harmony Park Dr. City: Bonita Springs FL Zip Code: 34135

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

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: D NAME: BOLOGNESE, DIANE STREET ADDRESS: 10915 BONITA BEACH ROAD CITY-ST-ZIP: BONITA SPRINGS, FL 34135	☐ Delete	TITLE: D NAME: Bolognese, Diane STREET ADDRESS: 10951 Harmony Park Dr. CITY-ST-ZIP: Bonita Springs, FL. 34135	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: Diane Bolognese 1-23-2004 (239) 949-1551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #