

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049680

Entity Name: NORTH FLORIDA READY MIX, INC.

FILED  
Jun 28, 2007  
Secretary of State

**Current Principal Place of Business:**

2205 DOBBS ROAD  
ST AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2205 DOBBS ROAD  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 83-0357049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PACETTI, WILLIAM S  
136 MALAGA STREET  
ST AUGUSTINE, FL 32084 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SIMPSON, ALAN  
Address: 2205 DOBBS RD  
City-St-Zip: ST AUGUSTINE, FL 32086 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: SIMPSON, ALAN  
Address: 2205 DOBBS RD  
City-St-Zip: ST AUGUSTINE, FL 32086 US

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: ALAN SIMPSON

PRES

06/28/2007

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

\_\_\_\_\_  
Date