

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90025 035 ***150.00

DOCUMENT # P03000066755

1. Entity Name

J & J CONCRETE SERVICES INC.



Principal Place of Business

1569 SHADOWN RIDGE DR
SARASOTA FL 34240

Mailing Address

1569 SHADOWN RIDGE DR
SARASOTA FL 34240

2. Principal Place of Business

4609 Cronin Dr
Suite, Apt. #, etc.

3. Mailing Address

PO Box 50925
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

20-0077810

Applied For

Not Applicable

Zip

Country

34232

Zip

Country

34232

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TROYER, PAMELA
1569 SHADOWN RIDGE DR
SARASOTA FL 34240

7. Name and Address of New Registered Agent

Name James Miller

Street Address (P.O. Box Number is Not Applicable)
4609 Cronin Dr

City Sarasota

FL

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

2-10-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MILLER, JAMES
STREET ADDRESS 2131 WALDEMERE
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 4609 Cronin Dr
CITY-ST-ZIP Sarasota FL 34232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-10-04