2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 06, 2008 08:00 All Secretary of State DOCUMENT # P03000066755 1. Entity Name J & J CONCRETE SERVICES INC. Mailing Address Principal Place of Business 1569 SHADOWRIDGE CIRCLE 4609 CRONIN DR SARASOTA, FL 34240 SARASOTA, FL 34232 CR2E034 (11/05) No Chg-P 01162008 DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 20-0077810 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MILLER, JAMES 4609 CRONIN DR SARASOTA, FL 34232 IN THIS SPACE 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. INOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000816866 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 02/14/08-80069-024 150.np OFFICERS AND DIRECTORS 10. TITLE MILLER, JAMES NAME STREET ADDRESS 4609 CRONIN DR CITY-ST-ZIP SARASOTA, FL 34232 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained 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 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:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED