


2006 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 016 ***150.00

DOCUMENT # P03000085699	
1. Entity Name JMJ STRUCTURAL CONCRETE, INC.	

Principal Place of Business 1628 DALE MABRY HIGHWAY SUITE 111 LUTZ FL 33548	Mailing Address 1628 DALE MABRY HIGHWAY SUITE 111 LUTZ FL 33548
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2. Principal Place of Business 3430 Valley Ranch Dr.	3. Mailing Address 3430 Valley Ranch Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

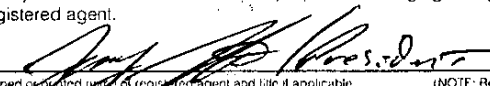
1st MOORE CR2E034 (10/05)

City & State Lutz, FL 33548	City & State Lutz, FL
Zip 33548	Zip 33548
Country Hillsborough	Country Hillsborough

4. FEI Number 61-1454805	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LOFTIN, JERRY D 1628 DALE MABRY HIGHWAY SUITE 111 LUTZ FL 33548

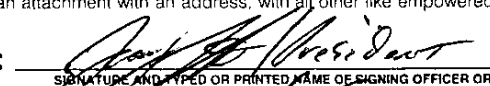
7. Name and Address of New Registered Agent Name Jerry D. Loftin Street Address (P.O. Box Number is Not Acceptable) 3430 Valley Ranch Dr. City Lutz FL Zip Code 33548
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/14/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 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	
TITLE PTD	<input type="checkbox"/> Delete
NAME LOFTIN, JERRY D	
STREET ADDRESS 1628 DALE MABRY HIGHWAY, SUITE 111	
CITY-ST-ZIP LUTZ FL 33548	
TITLE SD	<input type="checkbox"/> Delete
NAME LOFTIN, BARBARA J	
STREET ADDRESS 1628 DALE MABRY HIGHWAY, SUITE 111	
CITY-ST-ZIP LUTZ FL 33548	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS NOTED
STREET ADDRESS	3430 Valley Ranch Drive
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS NOTED
STREET ADDRESS	3430 Valley Ranch Drive
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE 4/14/06 (813) 949-7545 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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