**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)** 

of the corporation or the receiver

changed, or on an attac

**SIGNATURE:** 

rustee empowered to exec

## Apr 16, 2004 8:00 am Secretary of State DOCUMENT # P03000086116 1. Entity Name 04-16-2004 90058 045 \*\*\*150.00 CONCRETE DYNAMICS, INC. Mailing Address Principal Place of Business 3002 ROSEBUD LANE 3002 ROSEBUD LANE BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 31-1824901 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **NELSON, ALAN** Street Address (P.O. Box Number is Not Acceptable) 3002 ROSEBUD LANE **BRANDON FL 33511** City Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. D Addition MLE ☐ Delete TITLE ☐ Change NELSON, ALAN NAME NAME 3002 ROSEBUD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP Delete Addition TITLE ☐ Change IIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITI F ☐ Change ■ Addition NAME\_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 and that my signature shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED