


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90188 006 ***150.00

DOCUMENT # P03000089292 1. Entity Name INTEGRITY CONCRETE, INC.																																																																																																							
Principal Place of Business 332 CYPRESS ROAD VENICE, FL 34293		Mailing Address 332 CYPRESS ROAD VENICE, FL 34293																																																																																																					
2. Principal Place of Business - No P.O. Box # 3372 Circleville St		3. Mailing Address 3372 Circleville St																																																																																																					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																					
City & State North Port FL		City & State North Port FL																																																																																																					
Zip 34286		Zip 34286																																																																																																					
Country USA		Country USA																																																																																																					
6. Name and Address of Current Registered Agent CHAPMAN, SCOTT 332 CYPRESS ROAD VENICE, FL 34293		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3372 Circleville St City North Port FL 34286																																																																																																					
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 <u>Scott Chapman</u> 3/14/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P <input type="checkbox"/> Delete</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">X Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CHAPMAN, SCOTT</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 CYPRESS ROAD</td> <td>STREET ADDRESS</td> <td>3372 Circleville St</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FL 34293</td> <td>CITY-ST-ZIP</td> <td>North Port FL 34286</td> </tr> <tr> <td>TITLE</td> <td>S <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CHAPMAN, STEVEN J</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>395 RALLUS RD.</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FL 34293</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP <input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>LYNN, MICHAEL</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>332 CYPRESS ROAD</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FL 34293</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P <input type="checkbox"/> Delete	TITLE	X Change <input type="checkbox"/> Addition	NAME	CHAPMAN, SCOTT	NAME		STREET ADDRESS	332 CYPRESS ROAD	STREET ADDRESS	3372 Circleville St	CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	North Port FL 34286	TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CHAPMAN, STEVEN J	NAME		STREET ADDRESS	395 RALLUS RD.	STREET ADDRESS		CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP		TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	LYNN, MICHAEL	NAME		STREET ADDRESS	332 CYPRESS ROAD	STREET ADDRESS		CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																																																					
TITLE	P <input type="checkbox"/> Delete	TITLE	X Change <input type="checkbox"/> Addition																																																																																																				
NAME	CHAPMAN, SCOTT	NAME																																																																																																					
STREET ADDRESS	332 CYPRESS ROAD	STREET ADDRESS	3372 Circleville St																																																																																																				
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP	North Port FL 34286																																																																																																				
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
NAME	CHAPMAN, STEVEN J	NAME																																																																																																					
STREET ADDRESS	395 RALLUS RD.	STREET ADDRESS																																																																																																					
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP																																																																																																					
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
NAME	LYNN, MICHAEL	NAME																																																																																																					
STREET ADDRESS	332 CYPRESS ROAD	STREET ADDRESS																																																																																																					
CITY-ST-ZIP	VENICE, FL 34293	CITY-ST-ZIP																																																																																																					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
NAME		NAME																																																																																																					
STREET ADDRESS		STREET ADDRESS																																																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
NAME		NAME																																																																																																					
STREET ADDRESS		STREET ADDRESS																																																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																					
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																				
NAME		NAME																																																																																																					
STREET ADDRESS		STREET ADDRESS																																																																																																					
CITY-ST-ZIP		CITY-ST-ZIP																																																																																																					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions 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: <u>Scott Chapman</u> 3/14/08 (911) 716-0639 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date Daytime Phone #																																																																																																					