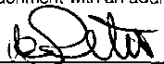


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90237 037 ***158.75

DOCUMENT # P03000098488					
1. Entity Name BIG DOG CONCRETE, INC.					
Principal Place of Business 3859 COVE ST. JOHNS ROAD JACKSONVILLE, FL 32277			Mailing Address 3859 COVE ST. JOHNS ROAD JACKSONVILLE, FL 32277		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent PERTMER, MARK 3859 COVE ST. JOHNS ROAD JACKSONVILLE, FL 32277				7. Name and Address of New Registered Agent	
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City				FL 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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing: Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	PERTMER, MARK	NAME			
STREET ADDRESS	3859 COVE ST. JOHNS ROAD	STREET ADDRESS			
CITY - ST - ZIP	JACKSONVILLE, FL 32277	CITY - ST - ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	RYALS, JOHN	NAME			
STREET ADDRESS	6918 GILDA COURT	STREET ADDRESS			
CITY - ST - ZIP	KEYSTONE HEIGHTS, FL 32656	CITY - ST - ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	LAWSON, JIMMY	NAME			
STREET ADDRESS	5315 STATE ROAD 206W	STREET ADDRESS			
CITY - ST - ZIP	ELKTON, FL 32033	CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: 		MARK PERTMER		4/15/04 904 745 1538	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

14021913



03052004 Chg-P CR2E034 (10/03)

4. FEI Number **65-1203141** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**