

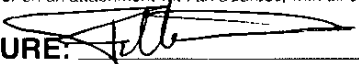


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90256 041 ***150.00

DOCUMENT # P03000102178 1. Entity Name HENDRICK CONCRETE, INC.																													
Principal Place of Business 15022 OLD US HWY. 441 TAVARES, FL 32778			Mailing Address 15022 OLD US HWY. 441 TAVARES, FL 32778																										
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																										
																													
			04252008 Chg-P CR2E034 (12/06)																										
			4. FEI Number 20-0236652		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 HENDRICK, ROBERT 15022 OLD US HWY. 441 TAVARES, FL 32778				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 _____ (NOTE: Registered Agent signature required when registering) DATE _____																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HENDRICK, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>28100 SHIRLEY SHORES RD</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>TAVARES, FL 32778</td> <td></td> </tr> </table>			TITLE	PD	<input type="checkbox"/> Delete	NAME	HENDRICK, ROBERT		STREET ADDRESS	28100 SHIRLEY SHORES RD		CITY- ST- ZIP	TAVARES, FL 32778		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">15022 OLD US HWY 441</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>TAVARES, FL 32778</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	15022 OLD US HWY 441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	TAVARES, FL 32778		STREET ADDRESS			CITY- ST- ZIP		
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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:  ROBERT HENDRICK																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Driving Phone # _____																													