2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM

DOCUMENT # P03000115221				Secretary of State			
1. Entity Nam			<u> </u> 			ary or state.	
RUSTY'S AMERICAN CONCRETE INC.							
Principal Plac	ce of Business	Mailing Address		1			
	COURT NORTH	10561 159 COURT NORTH JUPITER, FL					
JUPITER, FL		וטרוובת, רג					
							4111-11-11-11-11-11-11-11-11-11-11-11-11
DO NOT WRITE IN THIS SPA			^ E	03082005	No Chg-P	CR2E	034 (10/03)
			UE.	4. FEI Numbe			Applied For
				30-020			Not Applicable \$8.75 Additional
				5. Certificate	of Status Desired		Fee Required
	6. Name and Address of Current Re	gistered Agent					om 1900 - 1900 - 1900 - 1900 - 1900
CLAY, MAX E II				DΩ	NOT W	RITI	E
10561 159 COURT NORTH JUPITER, FL			Í		-		_
JOI HER, LE				IN 1	THIS SP	AC	=
	named entity submits this statement for the	ne purpose of changing its register	ed office or register	ed agent, or bot	h, in the State of Flo	rida. Lam	familiar with, and accept
the obligat	tions of registered agent.	-					
SIGNATURE	Signature, typed or printed name of registered agent and	little if applicable. (NOTE Registers	d Agent signatura required	when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE	
							
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			- -	.00 May Be ed to Fees			
10.	OFFICERS AND DI	RECTORS					and the second s
TITLE NAME	D CLAY, MAX E					<u></u>	
STREET ADDRESS	10561 159 COURT NORTH						
CITY-ST-ZIP	JUPITER, FL 33478	·				DETECTION OF THE	
TITLE NAME	D CLAY, BONITA K				03/14/05-	່ຮັບບໍ່49	:8 ⊢008 150.00
STREET ADDRESS	10561 159 COURT NORTH						
CITY-ST-ZIP	JUPITER, FL 33478		· 	·			
TITLE NAME						==	<u> </u>
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CITY-ST-ZIP					NOT W		
TITLE NAME		•			THIS SP	PACI	
STREET ADDRESS							
CITY -ST - ZIP			Ī				

12. I hereby certify that the information supplied with titlis filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY ST-ZIP

SIGNATURE: BONITA K. BONITA K. SIGNATURE AND TYPED OR PRINTED RAMFOF SIGNING OFFICER OR DIRECTOR BONITA K. CLAY