## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Jan 25, 2006 08:00 A

				7		<u></u>	CCI
DOCUMENT # P03000116668  1. Entity Name GREGG'S CONCRETE, INC.					Sec	eretary	of Stat
Principal Place of Business Meiling Address  1305 15TH AVENUE NORTH 1305 15TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250 JACKSONVILLE BEACH, FL 32			250				
D	O NOT WRITE	CE	01132006 No Chg-P CR2E034 (11/05)  4. FEI Number				
6. Name and Address of Current Registered Agent  RICKETTS, GREGG 1305 15TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250  8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.			DO NOT WRITE IN THIS SPACE ared office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE -	Signature, typed or printed name of registered agent and t	T	d Agent signature required			DA7É	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	<ol> <li>Election Campaign Final Trust Fund Contribution.</li> </ol>	ncing \$5.	.00 May Be ed to Fees			
10.	OFFICERS AND DIF	ECTORS }	T		<u> </u>		<del> </del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST RICKETTS, GREGG 1305 15TH AVENUE NORTH JACKSONVILLE BEACH, FL 32250						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					02/02/06	0401115 -80031-00	3 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE	
TITLE NAME SIRELY ADDRESS CITY-SI-ZIP							
TOTAL			-				

12. I hereby certily that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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 efficer 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 Black 10 or Block 11 it changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: Just Related to the SIGNATURE OF SIGNING OFFICER OR DIRECTOR

1-25-6

Daytime Phone #