## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2007 08:00 Al Secretary of State

ANNUAL REPORT				Secretary of St			
1. Entity Nam	MENT # P030001174 PNCRETE, INC.					ecretai	ry or St
Principal Place of Business 1151 TARLETON ST SE PALM BAY, FL 32909		Mailing Address 1151 TARLETON ST SE PALM BAY, FL 32909		 	1)11         10    GTH 10		8    8   B   T   B   B   B   B   B   B   B   B
· D	OO NOT WRITE	IN THIS SPA	CE	02122007	No Chg-P	CR2E034 (11/	EII EIE(EE) (  1604
,		John John		<b>57-1190 5.</b> Certificate o	091 f Status Desired	\$8.75	Not Applicable Additional quired
1151 TARI	6. Name and Address of Current Ra HAM, STEVE LETON ST SE Y, FL 32909	gistered Agent 	ar legin : a		NOT W		And the specific trapped and trapped an
the obligat	a named entity submits this statement for the tions of registered agent.  Signature, typed or printed name of registered agent and the tions of the	use if applicable. (NOTE: Register  9. Election Campaign Fina	ed Agent signature required		, in the State of Flo	rida. I am familiar DATE	with, and accept
	ay 1, 2007 Fee will be \$550.00		Add	60 to F665			· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI  WILLINGHAM, STEVE 1151 TARLETON ST SE PALM BAY, FL 32909	RECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			. * *		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , , , , , , , , , , , , , , , , ,	DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		:		IN T	'HIS SF	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000 04/20/07-	701591 80064-nns	150.00

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/07

Daytime Phone #