2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2004 8:00 am Secretary of State

DOCUMENT # P03000120891					03-16-2004	4 90026 020 ***	150.00
1. Entity Name MOORE CO	NCRETE, INC "						
Principal Place of	Business						
1766 SANDA ROAD SE Palm Bay, Fl. 32909		1766 SANDA ROAD SE Palm Bay, Fl 32909		14000081			
2. Principal Place	e of Business Sands Rd	3. Mailing Address	ds Rd				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03082004	Chg-P	CR2E034 (10/03)	
Palm Bay FL		Palm Bay FL -		4. FEI Number	=03397	7.51	pplied For ot Applicable
<u> 3290</u>	09 USA	32909	USA .	5. Certificate of	Status Desired	See Require	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 5							
MOORE, FRA 1766 SANDA	ROAD SE	(P.O. Box Number is Not Acceptable)					
PALM BAY, F	FL 32909	170	1766 Sands Rd				
			City Pa	Im B	aly	FL Z	709
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 Frank Moore Reg. Agent 3/7/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revisitating) DATE							
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CI	HANGES TO OFFI	CERS AND DIRECTOR	¥8 IN 11
TITLE D NAME M	OORE, FRANK R	☐ Delete	TITLE D/F	P/S/T	Enough 1	O Change	☐ Addition
STREET ADDRESS 17	766 SANDA ROAD SE		STREET ADDRESS	oore, F 66 San Pal	ds Rog	d	_
	ALM BAY, FL 32909			Pal	m Bay		909
TITLE NAME	•	☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP				
TITLE		Delete	-TIRE			☐ Change	
NAME STREET ADDRESS		·	NAME STREET ADDRESS		•		
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
TITLE		Delete	CITY-ST-ZIP TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				ij
12. I hereby certify that the information supplied with this 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. SIGNATURE: SI							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone #							