


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000123432</b> 1. Entity Name BURNCHECK CONCRETE, INC.	
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Principal Place of Business  
234 1/2 N. ARLINGTON  
DELAND, FL 32724 US

Mailing Address  
234 1/2 N. ARLINGTON  
DELAND, FL 32724 US



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0361342	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BURNCHECK, SHAWN M  
234 1/2 N. ARLINGTON  
DELAND, FL 32724

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME BURNCHECK, SHAWN M  
STREET ADDRESS 234 1/2 N. ARLINGTON  
CITY-ST-ZIP DELAND, FL 32724

TITLE VP  
NAME BURNCHECK, SHAWN M  
STREET ADDRESS 234 1/2 N. ARLINGTON  
CITY-ST-ZIP DELAND, FL 32724

TITLE SECR  
NAME BURNCHECK, SHAWN M  
STREET ADDRESS 234 1/2 N. ARLINGTON  
CITY-ST-ZIP DELAND, FL 32724

TITLE TREA  
NAME BURNCHECK, SHAWN M  
STREET ADDRESS 234 1/2 N. ARLINGTON  
CITY-ST-ZIP DELAND, FL 32724

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

100000333873  
04/27/05-80020-033 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: Shawn Burncheck 4-23-05 <sup>(386)</sup> 736-4273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #