

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000123432

1. Entity Name
BURNCHECK CONCRETE, INC.



Principal Place of Business
**234 1/2 N. ARLINGTON
DELAND, FL 32724 US**

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



04052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0361342	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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04/20/07-80037-024 150.00

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: Shawn Burncheck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07 386-736-4273
Date Daytime Phone