## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 28, 2004 8:00 am Secretary of State

DOCUMENT # P03000126761  1. Entity Name ACME READY MIX, INC.						07-12-20	04 90016	039 ***	*550.00
Principal Place of		Mailing Address			66430736				
3946 COPELANE ZEPHYRHILLS, F		3946 COPELAND BLVD. ZEPHYRHILLS, FL <del>33548~</del>			1 .				
Principal Place of Business     Mailing Address									
						05 34   Ki 65  k 64 i1 03  0	I Maid Myta Willi		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07092004	Chg-P	CR2E034	<u> </u>	
City & State	ii	City & State			4. FEI Numb	040039	7	<del></del>	Applicable
3354	Country	33542 coun		try	5. Certificate of Sta		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	egistered Ag	ent	
MCKNIGHT, TERRY 39646 FIG STREET: CRYSTAL SPRINGS, FL 33524				Street Address	s (P.O. Box Numb	er is Not Acceptable	)		
				City				Zip Code	
8 The above na	med entity submits this statement to	the purpose of changing its	register		tered agent or bo	th in the State of Flo	FL ride Lemian		
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 reme of registered agent and life if applicable. (NOTE: Registered Agent signature required when retirstating)  DATE									
FILE NOW: FEE IS \$550.00  9. Election Campaign Financing \$5.00 May Be Due by September 8, 2004  Trust Fund Contribution.  Added to Fees									
10.	OFFICERS AND		11.		ADDITIONS	CHANGES TO OFFI			
حاسب السيح	Byde A. Biston Bayle Copeland Blue	Delete	ITTU NAM				[	Change	Addition
STREET ADDRESS 2	epuphills, FC 3354 President			ET ADORESS '- ST- ZIP					
TITLE V	lice - President	☐ Delete	JITTU NAM	_	<del></del> -		ſ	Change	Addition
STREET ADDRESS 3	3944 Copeland BWO.		STR	EET ADORESS - ST-ZIP					Ì
TITLE	Zaphinghille, FC 3350	Delete	INL		<del></del>		<del></del>	Change	Addition
NAME STREET ADDRESS			NAM STR	IE Eet address					
_CITY-57-ZIP				-SI-ZP		<u> </u>	<u></u>		Takina.
TITLE NAME		☐ Delete	TITE NAA	E			. '	Change	Addition
STREET ADORESS CITY-ST-ZIP	; 		1	EET ADDRESS /- ST- ZIP					
TITLE NAME	:	· Defete	-TITE NAM					Change	Addition
STREET ADDRESS CATY-ST-ZIP		-	STR	EET ADDRESS r-St-Zip					
TITLE		☐ Deleie	111	E -				Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	. <del>y</del>	•		AE Set adoress Y-St-Zip					
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 occurrence 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 chapped, or on an attachment with an address, with all other like empowered.									
SIGNATURE: Clycle Q Biotom 7/21/04 813-780-7800  Date Dayre Prove 8									
SIGNATU	SIGNATURE AND TOPED OR	PRINTED NAME OF SIGNING OFFICER	OR DIFE	TOR	7,00	Dale		time Phone #	1000