

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90004 003 ***150.00

DOCUMENT # P03000128462

1. Entity Name
 LOUIS WARD'S CONCRETE COMPANY



Principal Place of Business
 7128 LADY HAWK LANE
 TALLAHASSEE, FL 32309

Mailing Address
 7128 LADY HAWK LANE
 TALLAHASSEE, FL 32309

50063630



2. Principal Place of Business
 7128 ladyhawk lane

3. Mailing Address
 same

Suite, Apt. #, etc.

08052005 Chg-P CR2E034 (10/03)

City & State
 Tallahassee, FL

City & State

Zip
 32309

Country
 Leon

4. FEI Number
 562420786

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WARD, LOUIS R
 7128 LADY HAWK LANE
 TALLAHASSEE, FL 32309

7. Name and Address of New Registered Agent

Name
 Ward, Louis R.

Street Address (P.O. Box Number is Not Acceptable)
 7128 Lady Hawk Lane

City
 Tallahassee

State
 FL

Zip Code
 32309

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 Louis R. Ward

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
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WARD, LOUIS R 7128 LADY HAWK LANE TALLAHASSEE, FL 32309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Louis R. Ward 8/25/05

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #