

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128735

Entity Name: FOUST CONCRETE, INC.

FILED
Apr 25, 2005
Secretary of State

Current Principal Place of Business:

ROUTE 4 BOX 1229A
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

ROUTE 4 BOX 1229A
MADISON, FL 32340

New Mailing Address:

FEI Number: 37-1480172

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLINS, DAVID W ESQ.
310 N. JEFFERSON STREET
MONTICELLO, FL 32345 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOUST, WAYNE
Address: ROUTE 4 BOX 1229A
City-St-Zip: MADISON, FL 32340

Title: ST () Delete
Name: FOUST, BETTY J
Address: ROUTE 4 BOX 1229A
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOUST, WAYNE
Address: 3344 NORTH STATE ROAD 53
City-St-Zip: MADISON, FL 32340

Title: ST (X) Change () Addition
Name: FOUST, BETTY J
Address: 3218 NORTH STATE ROAD 53
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE H. FOUST

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date