

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 13, 2005 08:00 AM
Secretary of State**

DOCUMENT # P03000129171

1. Entity Name
MIKE MORGAN CONCRETE, INC.



Principal Place of Business
106 CARLTON PLACE
PORT ORANGE, FL 32127 US

Mailing Address
106 CARLTON PLACE
PORT ORANGE, FL 32127 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0393714

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MORGAN, MICHAEL A
106 CARLTON PLACE
PORT ORANGE, FL 32127

**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 reconstituting)

DATE

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 MORGAN, MICHAEL A
STREET ADDRESS 106 CARLTON PLACE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE VP
NAME MORGAN, MICHAEL A
STREET ADDRESS 106 CARLTON PLACE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE SECR
NAME MORGAN, MICHAEL A
STREET ADDRESS 106 CARLTON PLACE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE TREA
NAME MORGAN, MICHAEL A
STREET ADDRESS 106 CARLTON PLACE
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000300862
04/13/05-80009-001 150.00

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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:

Michael A. Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR

4/9/05 *386-767-7543*
Date Daytime Phone #

Michael A. Morgan