## -2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 06, 2006 08:00 AM

DOCUMENT # P03000129171  1. Entity Name MIKE MORGAN CONCRETE, INC.		Secret	ary oi S	state	
Principal Place of Business _ N	lailing Address				
	106 CARLTON PLACE PORT ORANGE, FL 32127 US				
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DO NOT WRITE II	V IHIS SPAC		4. FEI Number 20-0393714		Applied For Not Applicable
·	The second secon		5. Certificate of Status Desired		5 Additional Required
6. Name and Address of Current Registered Agent					
MORGAN, MICHAEL A 106 CARLTON PLACE PORT ORANGE, FL 32127		•	DO NOT W IN THIS SE	· ·	
<ol><li>The above named entity submits this statement for the the obligations of registered agent.</li></ol>	ourpose of changing its registered o	iffice or registers	ed agent, or both, in the State of Fi	orida. I am familia	ar with, and accept
SIGNATURE Signature. Typed or posited name of registered agent and title if applicable. (NOTE. Registered Agent eignature required		when retristating)	OATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financin     Trust Fund Contribution.		00 May Be ad to Fees		
16. OFFICERS AND DIRE	CTORS				42

NAME MORGAN, MICHAEL A STREET ADDRESS 106 CARLTON PLACE CITY-ST-ZIP PORT ORANGE, FL 32127 VP TITLE NAME MORGAN, MICHAEL A STREET ADDRESS 106 CARLTON PLACE CITY-ST-ZIP PORT ORANGE, FL 32127 TITLE NAME MORGAN, MICHAEL A STREET ADDRESS 106 CARLTON PLACE CITY-ST-ZIP PORT ORANGE, FL 32127 MORGAN, MICHAEL A MAME STREET ADDRESS 108 CARLTON PLACE CITY-ST-ZIP PORT ORANGE, FL 32127

000000493593 04/20/06-80010-015 150.0

DO NOT WRITE IN THIS SPACE

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: \_

STREET ADDRESS CITY -ST -ZIP

NAME STREET ADDRESS CITY-ST-ZIP