2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 28, 2005 8:00 am Secretary of State DOCUMENT # P03000132678 1. Entity Name 01-28-2005 90027 025 ***150.00 ALEXANDER CONCRETE CONSTRUCTION, INC. Mailing Address Principal Place of Business 21657 NW ALEXANDER LANE 21657 NW ALEXANDER LANE ALTHA FL 32421 ALTHA FL 32421 2. Principal Place of Business 3. Mailing Address 21657 NW. Alexander Ln. 21657 NW. Alexander Ln. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For 4. FEI Number 20-0452545 Altha, Fl Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required alhoun Alhoun 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALEXANDER, KIRK E Street Address (P.O. Box Number is Not Acceptable) 21657 NW ALEXANDER LANE ALTHA FL 32421 Zip Code 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, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution, Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE ☐ Defete Change Addition ALEXANDER, TERESA E NAME NAME STREET ADDRESS 21657 ALEXANDER LANE STREET ADDRESS ALTHA FL 32421 CITY-ST-ZIP CITY-ST-7IP TITLE . ☐ Delete TITLE Change ☐ Addition ALEXANDER, KIRK E NAME NAME 21657 NW ALEXANDER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ALTHA FL 32421 CITY-ST-ZIP TITLE VΡ TEFLE ☐ Change ☐ Delete Addition ALEXANDER, KIRK E NAME NAME STREET ADDRESS 21657 NW ALEXANDER LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **ALTHA FL 32421** Addition TITLE Delete TITLE ☐ Change ALEXANDER, TERESA E NAME NAME 21657 ALEXANDER LANE STREET ADDRESS STREET ADDRESS ALTHA FL 32421 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 dath; 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.

FILED

Daytime Phone #