

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000135174

1. Entity Name
ALEX'S CONCRETE, INC.



Principal Place of Business
**1263 W. WELLINGTON DRIVE
DELTONA, FL 32725 US**

Mailing Address
**1263 W. WELLINGTON DRIVE
DELTONA, FL 32725 US**

DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
74-3109563

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**REQUENEZ, ALEJANDRO SR.
1263 W. WELLINGTON DRIVE
DELTONA, FL 32725**

**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 reinstating)

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 **REQUENEZ, ALEJANDRO SR.**
STREET ADDRESS **1263 W. WELLINGTON DRIVE**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **VP**
NAME **REQUENEZ, ALEJANDRO JR.**
STREET ADDRESS **1263 W. WELLINGTON DRIVE**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE **SEC**
NAME **REQUENEZ, ROBIN P**
STREET ADDRESS **1263 W. WELLINGTON DRIVE**
CITY-ST-ZIP **DELTONA, FL 32725**

TITLE
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CITY-ST-ZIP

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U00000350072
05/02/05-80091-002 158.75

**DO NOT WRITE
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: Alejandro Requenez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 386-479-4320
Date Daytime Phone #