

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 11, 2006 8:00 am**  
**Secretary of State**

09-11-2006 90004 046 \*\*\*158.75

**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**



09042006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>74-3109563</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_

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	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-5-06**

Date

**386-479-4320**

Daytime Phone #

ATTACHMENT 40103655

#P0308835174

September 5, 2006

I am sorry this is late, but I  
did not receive a notice in the mail.  
If you have any questions please call  
me at 386-479-4320.

Thank you.  
Rhi Gray