


2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000135648 1. Entity Name LAMAR MOORE CONCRETE, INC.						FILED 08 JUL 16 AM 10: 59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 37 W SANTA GERTRUDIS DR APOPKA, FL 32712				Mailing Address P.O. BOX 4074 APOPKA, FL 32712			
2. Principal Place of Business - No P.O. Box # 1620 YVONNE STREET				3. Mailing Address P O BOX 4074			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State APOPKA, FL				City & State APOPKA, FL			
Zip 32712		Country USA		Zip 32704		Country USA	
4. FEI Number 74-3109393				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOORE, GARY LAMAR 37 W SANTA GERTRUDIS DR APOPKA, FL 32712				7. Name and Address of New Registered Agent Name MOORE, GARY LAMAR Street Address (P.O. Box Number is Not Acceptable) 1620 YVONNE STREET City APOPKA FL Zip Code 32712			
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 <u><i>Gary L. Moore</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>7-11-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees 600133268676 07/22/08--01014--017 **\$61.25			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MOORE, GARY LAMAR 37 W SANTA GERTRUDIS DR APOPKA, FL 32712			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 YVONNE STREET APOPKA, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PTSC MOORE, GARY L 37 W SANTA GERTRUDIS DR APOPKA, FL 32712			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1620 YVONNE STREET APOPKA, FL 32712		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete V MOORE, RYAN G 37 W SANTA GERTRUDE DR APOPKA, FL 32712			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <i>[Signature]</i>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Gary L. Moore</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <u>7-11-08</u> <small>Date Daytime Phone #</small>			