

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90043 032 \*\*\*150.00

<b>DOCUMENT # P03000137275</b>	
1. Entity Name <b>S.T. CONCRETE, INC.</b>	

Principal Place of Business <b>338 12TH STREET APALACHICOLA FL 32320</b>	Mailing Address <b>338 12TH STREET APALACHICOLA FL 32320</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>338-B 12th Street</b> Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State <b>Apalachicola, FL</b>	4. FEI Number <b>55-0854299</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32320</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>THOMAS, STELBERT 338 12TH STREET APALACHICOLA FL 32320</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00.**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>P</b>	
NAME	<b>STELBERT, THOMAS</b>	
STREET ADDRESS	<b>338 12TH ST.</b>	
CITY-ST-ZIP	<b>APALACHICOLA FL 32320</b>	
TITLE	<b>S</b>	
NAME	<b>MCCOY, R.E.</b>	
STREET ADDRESS	<b>70 7TH ST.</b>	
CITY-ST-ZIP	<b>APALACHICOLA FL 32320</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Stelbert Thomas  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/31/06 Daytime Phone #: (850) 508-8227