## P03000137557

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
|   |  |  |  |  |
| (Address)                               |  |  |  |  |
| •                                       |  |  |  |  |
| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



10/31/06--01007--017 \*\*35.00

OG OCT 31 PH 12: 47
SECRETARY OF STATE
TACTALIASSEE FINANCE

KHIT-

## **COVER LETTER**

| SUBJECT: Flatworks Concrete, Inc.  |
|--|
| (Name of Corporation)  |
| DOCUMENT NUMBER: P03000137557  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing   |
| Please return all correspondence concerning this matter to the following:  |
| Robert J. Tanner   |
| (Name of Person)   |
| Flatworks Concrete, Inc.   |
| (Name of Firm/Company)   |
| 6743 Beth Road   |
| (Address)  |
| Orlando, FL 32824  |
| (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| Robert J. Tanner at ( 407 ) 222-2556  (Name of Person) (Area Code & Daytime Telephone Number)  |
| (Name of Person) (Area Code & Daytime Telephone Number)  |
| Enclosed is a check for \$35.00 made payable to the Florida Department of State.   |
| Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 |

TO:

Amendment Section Division of Corporations

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

| Hobert M. Nethercutt        | , hereby resign as           | Vice President/Officer                          |  |  |
|-----------------------------|------------------------------|---|--|--|
| ·,                          | , neroby resign as           | (Title)   |  |  |
| of Flatworks Concrete, Inc. |                              |   |  |  |
|                             | ne of Corporation)           |   |  |  |
| P03000137557                | a cornoration organized un   | ration organized under the laws of the State of |  |  |
| (Document Number, if known) | , a corporation organized an | adi mo laws of the state of                     |  |  |
| Florida                     |                              |   |  |  |
|                             |                              |   |  |  |
|                             |                              |   |  |  |
|                             |                              | 4   |  |  |

FILING FEE IS \$35.00

(Signature of resigning officer/director)

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

| 1. Entity Nam  | MENT # P030001375  | 557  |                    |                                   | a con const                               |  |
|--|--|--|--------------------|-----------------------------------|---|--|
| Principal Plac<br>6743 BETH I<br>ORLANDO, F  | ROAD   | Malling Address<br>6743 BETH ROAD<br>ORLANDO, FL 32824 | : <del></del><br>- |                                   |   |  |
| D  | O NOT WRITE  6. Name and Address of Current Ru   | ·  | CE                 | 04142006<br>4. FEI Numb<br>20-041 |   |  |
| 1134 NEW   | _, JAMES C<br>YORK AVENUE<br>OUD, FL 34769   |  |                    |                                   | NOT WRITE<br>THIS SPACE                   |  |
| 8. The above named entity submits 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 regulated agent and this if applicable.  (NOTE: Registered Agent algorithms required when relinators)  DATE  |  |  |                    |                                   |   |  |
| After M  | E NOW!!! FEE IS \$150.00<br>by 1, 2005 Fee will be \$550.00  |  |                    | 00 May Be<br>ad to Fees           |   |  |
| 10. IIILE NAME STREEL ADDRESS CHY-ST-ZIP IIILE NAME STREEL ADDRESS CHY-ST-ZIP  | OFFICERS AND DI P TANNER, ROBERT J 6743 BETH ROAD ORLANDO, FL 32824 VP NETHERCUTT, HOBERT M 107 CORALWOOD CIRCLE KISSIMMEE, FL 34743 | RÉCTORS  |                    | -                                 | U00000554794<br>05/16/06-80005-018 158.75 |  |
| TIRE NAME STREET ADDRESS CITY-87-ZIP   |  |  |                    |                                   | NOT WRITE<br>THIS SPACE                   |  |
| name<br>Surlli modress<br>City-St-Zip  |  |  |                    | 11/1                              | I HIS SPACE                               |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |  |                    |                                   |   |  |
| TITLE HAME STREET ADDRESS CITY-ST-ZIP  |  | ,  |                    |                                   |   |  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Stakess, I luther 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 it 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmapt with an abdress, with all other like empowered.  |  |  |                    |                                   |   |  |
| SIGNATURE: 1000 CONTRACTOR OF THE STATE OF T |  |  |                    |                                   |   |  |