

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90013 035 ***150.00

DOCUMENT # P03000138296

1. Entity Name
MDM CONCRETE FINISHING, INC.



Principal Place of Business Mailing Address

1906 ROUZBEH COURT **1906 ROUZBEH COURT**
PORT ORANGE, FL 32128 **PORT ORANGE, FL 32128**

03082004



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03082004 Chg-P CR2E034 (10/03)

City & State City & State

4. FEI Number
20-0423281 Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

MCCASKILL, MICHAEL S
1906 ROUZBEH COURT
PORT ORANGE, FL 32128

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	MCCASKILL, MICHAEL S	
STREET ADDRESS	1906 ROUZBEH COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCCASKILL, REBEKAH N	
STREET ADDRESS	1906 ROUZBEH COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCCASKILL, MICHAEL S	
STREET ADDRESS	1906 ROUZBEH COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE	S	<input type="checkbox"/> Delete
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TITLE	D	<input type="checkbox"/> Delete
NAME	MCCASKILL, MICHAEL S	
STREET ADDRESS	1906 ROUZBEH COURT	
CITY-ST-ZIP	PORT ORANGE, FL 32128	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemption stated in Section 119.07(3)(f), 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 empowerments.

SIGNATURE: Michael S. Mccaskill 3/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #