


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90153 009 ***158.75

DOCUMENT # P03000139523 1. Entity Name SENTZ'S CONCRETE INC.																																							
Principal Place of Business 204 WABASH AVENUE PANAMA CITY, FL 32401 US			Mailing Address 204 WABASH AVENUE PANAMA CITY, FL 32401 US																																				
2. Principal Place of Business 1332 moon ct Suite, Apt. #, etc.		3. Mailing Address 1332 moon ct Suite, Apt. #, etc.																																					
City & State Southport FL Zip 32409		City & State Southport FL Zip 32409		4. FEI Number 200427281																																			
Country Bay		Country Bay		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																			
6. Name and Address of Current Registered Agent SENTZ, MICHAEL 204 WABASH AVENUE PANAMA CITY, FL 32401			7. Name and Address of New Registered Agent Name Sentz Michael Street Address (P.O. Box Number is Not Acceptable) 1332 moon ct City Southport FL Zip Code 32409																																				
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 re-registering) DATE _____																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP SENTZ, MICHAEL 204 WABASH AVENUE PANAMA CITY, FL 32401 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SENTZ, MICHAEL 204 WABASH AVENUE PANAMA CITY, FL 32401		<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> DP Sentz's Concrete Inc 1332 moon ct Southport FL 32409 </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2"> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Sentz's Concrete Inc 1332 moon ct Southport FL 32409		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition												
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>Michael B Sentz</u> 4/26/05 8802712818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																							