2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM DOCUMENT # P03000139523 Secretary of State SENTZ'S CONCRETE INC. Principal Place of Business Mailing Address 1332 MOON COURT 1332 MOON COURT SOUTHPORT, FL 32409 SOUTHPORT, FL 3Z409 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 20-0427281 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SENTZ, MICHAEL DO NOT WRITE 1332 MOON COURT PANAMA CITY, FL 32409 IN THIS SPACE 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. Signature, typod or printed nome of registered agent and title if applicable. (NOTE: Registered Agent signature required when rehistation) 1100000046<mark>35</mark>27 03/21/06-30079-021 150.00 \$5.00 May Be . Election Campaign Financing FILE NOWIN FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME SENTZ, MICHAEL 1332 MOON COURT STREET ADDRESS CITY-ST-ZIP SOUTHPORT, FL 32409 BRE NAME STREET ADDRESS CITY-ST-ZIP NAM STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I turther 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: _

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

STONATURE AND TYPES OF PRINTED NAME OF BIGNING OFFICER OF OFFICER OF

3-10-06

850 271-2812

FILED