


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90036 014 ***150.00

DOCUMENT # P03000141853	
1. Entity Name RONNIE REYNOLDS CONCRETE, INC.	

Principal Place of Business P.O. BOX 727 EAGLE LAKE FL 33839	Mailing Address P.O. BOX 727 EAGLE LAKE FL 33839
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24020701



MOORE CR2E034 (11/03)

2. Principal Place of Business 619 Morgan Rd	3. Mailing Address P.O. Box 727
Suite, Apt. #, etc. Winter Haven FL	Suite, Apt. #, etc.
City & State Winter Haven FL	City & State Eagle Lake FL
Zip 33880	Country USA
Zip 33839	Country USA

4. FEI Number 200457747	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REYNOLDS, THRESIA 619 MORGAN ROAD WINTER HAVEN FL 33880

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 Thresia Reynolds VP Thresia Reynolds VP 3-4-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> Delete
NAME REYNOLDS, RONNIE	
STREET ADDRESS 619 MORGAN ROAD	
CITY-ST-ZIP WINTER HAVEN FL 33880	
TITLE VPS	<input type="checkbox"/> Delete
NAME REYNOLDS, THRESIA	
STREET ADDRESS 619 MORGAN ROAD	
CITY-ST-ZIP WINTER HAVEN FL 33880	
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	
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	
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)(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: Thresia Reynolds Thresia Reynolds SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #