



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90218 046 ***150.00

DOCUMENT # P03000142044					
1. Entity Name DC CONCRETE & STUCCO INC.					
Principal Place of Business PO BOX 1155 BELLEVUE, FL 34421			Mailing Address PO BOX 1155 BELLEVUE, FL 34421		
2. Principal Place of Business 8840 SW 147TH LN Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1155 Suite, Apt. #, etc.			
City & State DUNNELLON, FL		City & State BELLEVUE, FL		4. FEI Number 02-0712408	
Zip 34432		Country MARION		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANT, JEANNIE S 8840 SW 147 LN DUNELLON, FL 34432			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT NAME CANT, DAVID D SR STREET ADDRESS PO BOX 1155 CITY-ST-ZIP BELLEVUE, FL 34421	<input type="checkbox"/> Delete		TITLE SECRETARY (S) NAME CANT, DAVID JR. STREET ADDRESS P.O. BOX 1155 CITY-ST-ZIP BELLEVUE, FL 34421	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VS NAME CANT, JEANNIE S STREET ADDRESS PO BOX 1155 CITY-ST-ZIP BELLEVUE, FL 34421	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>Jeannie Cant</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/27/04 (352) 237-9900 Date Daytime Phone #		