
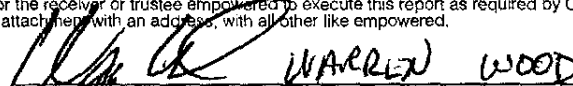


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000145803</b> 1. Entity Name <b>B &amp; W CONCRETE SERVICES, INC.</b>		
Principal Place of Business <b>313 LOVEJOY ROAD FORT WALTON BEACH, FL 32548</b>	Mailing Address <b>313 LOVEJOY ROAD FORT WALTON BEACH, FL 32548</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>REID, BOBBY 105 FOURTH AVENUE FORT WALTON BEACH, FL 32548</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD WOOD, WARREN A 313 LOVEJOY ROAD FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REID, BOBBY 105 FOURTH AVENUE FORT WALTON BEACH, FL 32548	
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TITLE 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 empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>APR 29 2005 (850) 554-9437</b> <small>Date Daytime Phone #</small>



04292005 No Chg-P CR2E034 (10/03)

4. FEI Number **80-0084749** Applied For  
Not Applicable

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

U00000354515  
05/03/05-80111-002 150.00

**DO NOT WRITE  
IN THIS SPACE**