2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 10, 2005 08:00 AM Secretary of State DOCUMENT # P03000147312 1. Entity Name SUNNY'S CONCRETE, INC. Principal Place of Business Mailing Address 3310 ELFERS PARKWAY NEW PORT RICHEY FL 34655 3310 ELFERS PARKWAY NEW PORT RICHEY FL 34655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 32-0101059 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPADALINI, ALFRED D III Street Address (P.O. Box Number is Not Acceptable) 3310 ELFERS PARKWAY **NEW PORT RICHEY FL 34655** Zip Code FI 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, 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE Delete TITLE ☐ Change ☐ Addition SPADALINI, ALFRED D III NAME NAME 3310 ELFERS PARKWAY STREET ADORESS STREET ADDRESS CITY - ST - ZIP NEW PORT RICHEY FL 34655 CITY-ST-71P ☐ Delete Tift me☐ Change Addition U00000258833 03/10/05-80059-015 150.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLIY-ST-ZIP MILE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE T Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP DDE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST ZIP TITLE Delete TITLE Channe Channe Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CHEY ST-ZIP

12. I hereby certify that the information supplied with this filling 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 cath, 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:

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727-376 5914

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