


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90666 014 \*\*\*155.00

<b>DOCUMENT # P03000147874</b>			
1. Entity Name <b>C.J. CONCRETE, INC.</b>			
Principal Place of Business 10535 LEM TURNER RD. SUITE 1119 JACKSONVILLE, FL 32218		Mailing Address 10535 LEM TURNER RD. SUITE 1119 JACKSONVILLE, FL 32218	
2. Principal Place of Business <i>How 10535 LEM TURNER RD #1119</i>		3. Mailing Address	
Suite, Apt. #, etc. #		Suite, Apt. #, etc.	
City & State <b>JAX, Fla</b>		City & State	
Zip <b>32218</b>	Country <b>USA</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>ACCOUNTING &amp; BUSINESS SOLUTIONS, INC. 9951 ATLANTIC BLVD. SUITE 418 JACKSONVILLE, FL 32225</b>		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOHNSON, CURTIS 10535 LEM TURNER RD. SUITE 1119 JACKSONVILLE, FL 32218</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
<b>SIGNATURE:</b> <i>Curtis Johnson</i>		<b>4-30-04</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	