


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90045 050 ***150.00

DOCUMENT # P03000147874

1. Entity Name
C.J. CONCRETE, INC.



Principal Place of Business
**10535 LEM TURNER RD.
1119
JACKSONVILLE, FL 32218**

Mailing Address
**10535 LEM TURNER RD.
1119
JACKSONVILLE, FL 32218**

50027051



2. Principal Place of Business
10535 Lem Turner Rd #1119

3. Mailing Address
10535 Lem Turner Rd #1119

Suite, Apt. #, etc.
1119

City & State
Jax Fla

Country
Duval

Zip
32218

02182005 Chg-P CR2E034 (10/03)

4. FEI Number
20-0480028

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

6. Name and Address of Current Registered Agent
**ACCOUNTING & BUSINESS SOLUTIONS, INC.
9951 ATLANTIC BLVD.
SUITE 418
JACKSONVILLE, FL 32225**

7. Name and Address of New Registered Agent
Name **Leslie Buckholtz**
Street Address (P.O. Box Number is Not Acceptable)
1236 McDuff Ave S
City **Jacksonville** FL Zip Code **32205**

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 **Leslie Buckholtz** DATE **3-8-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	P JOHNSON, CURTIS 10535 LEM TURNER RD. SUITE 1119 JACKSONVILLE, FL 32218 <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.

SIGNATURE: **Curtis Johnson** Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR