


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2005 90045 050 \*\*\*150.00

<b>DOCUMENT # P03000147874</b>	
1. Entity Name <b>C.J. CONCRETE, INC.</b>	

Principal Place of Business <b>10535 LEM TURNER RD. # 1119 JACKSONVILLE, FL 32218</b>	Mailing Address <b>10535 LEM TURNER RD. # 1119 JACKSONVILLE, FL 32218</b>
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**50027051**



2. Principal Place of Business <b>10535 Lem Turner Rd #1119</b>	3. Mailing Address <b>10535 Lem Turner Rd #1119</b>
Suite, Apt. #, etc. <b>1119</b>	Suite, Apt. #, etc. <b>1119</b>
City & State <b>JAX FLA</b>	City & State <b>JAX FLA</b>
Zip <b>32218</b>	Zip <b>32218</b>
Country <b>Duval</b>	Country <b>Duval</b>

02182005 Chg-P CR2E034 (10/03)

4. FEI Number <b>20-0480028</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

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 <b>Leslie Buckholtz</b> Street Address (P.O. Box Number is Not Acceptable) <b>1236 McDuff Ave S</b> City <b>Jacksonville</b> FL Zip Code <b>32205</b>
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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)

<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>
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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
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
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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: *Curtis Johnson* DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR