

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148004

FILED  
Apr 06, 2007  
Secretary of State

Entity Name: FRITZ BOGAUSCH CONCRETE SPECIALISTS, INC.

**Current Principal Place of Business:**

1465 WHISPERING MEADOW LANE  
OSTEEN, FL 32764

**New Principal Place of Business:**

1270 SAXON BLVD  
SUITE 102  
ORANGE CITY, FL 32763

**Current Mailing Address:**

1465 WHISPERING MEADOW LANE  
OSTEEN, FL 32764

**New Mailing Address:**

1270 SAXON BLVD  
SUITE 102  
ORANGE CITY, FL 32763

FEI Number: 02-0712783

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STOVASH, CASE + TINGLEY, P.A.  
200 S ORANGE AVE  
SUITE 1220  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: BOGAUSCH, FRITZ  
Address: 1465 WHISPERING MEADOW LANE  
City-St-Zip: OSTEEN, FL 32764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRITZ BOGAUSCH

PSTD

04/06/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date