

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000152649

1. Entity Name

GLENN LONGWORTH CONCRETE, INC.



Principal Place of Business

1544 GRANADA AVE.
HOLLY HILL FL 32117

Mailing Address

1544 GRANADA AVE.
HOLLY HILL FL 32117



2. Principal Place of Business - No P.O. Box #

1544 Granada Avenue

Suite, Apt. #, etc.

3. Mailing Address

1544 Granada Avenue

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Holly Hill Florida

Zip

32117

Country

USA

City & State

Holly Hill Florida

Zip

32117

Country

USA

4. FEI Number

56-2432142

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONGWORTH, GLENN
1544 GRANADA AVE.
HOLLY HILL FL 32117

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PTD
LONGWORTH, GLENN
1544 GRANADA AVE.
HOLLY HILL FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000648280
03/07/07-80002-015 158.75 ☐ Change ☐ Addition

TITLE
NAME
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER