2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 12, 2006 08:00 AM DOCUMENT # P03000158029 **Secretary of State** t. Entity Name JERRY'S CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address 54674 CHURCH RD CALLAHAN FL 32011 P.O. BOX 609 KINGSLAND GA 31548 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 14-1801015 Not Applicate Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROTHSTEIN, SETH L Street Address (P.O. Box Number is Not Acceptable) 4417 BEACH BLVD SUITE 104 JACKSONVILLE FL 32207 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 HILE ☐ Delete TITLE ☐ Change 🔲 Addition NAME DAUGHTRY, JERALD W NAME U00000504526 04/26/06-80075-013 150.00 STREET ADDRESS 54674 CHURCH RD STREET ADDRESS CATY-ST-ZIP CALLAHAN FL 32011 CITY-SI-ZIP TITLE Oelele TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP tana Delete 111≀E Change Addition MANA MARKE STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-IP City-ST-ZIP TITLE Delete 1)7) F ☐ Change ☐ Addilion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP 7351 F ☐ Detete IIIG ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP 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 path, 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

FILED

SIGNATURE: Jarold W. Daughtry JERALO W. DAUGHTRY 4/7/6 904-879-4552