

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90304 043 ***158.75

DOCUMENT # P04000001278

1. Entity Name

JERRY FROST CONCRETE, INC.



Principal Place of Business

3029 CORONA DR
HOLIDAY FL 34690

Mailing Address

3029 CORONA DR
HOLIDAY FL 34690

44006108



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

3029 CORONA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLIDAY

Zip 34690

Country

Zip 34690

Country

FLA

4. FEI Number

321427880

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FROST, JEROME
3029 CORONA DR
HOLIDAY FL 34690

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 4-27-04

4-27-04

DATE 4-27-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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 D
NAME FROST, JEROME
STREET ADDRESS 3029 CORONA DR
CITY-ST-ZIP HOLIDAY FL 34690 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME James Robinson, James
STREET ADDRESS 13314 Whaler Dr.
CITY-ST-ZIP Hudson, FL 34667 ☐ Change ☒ Addition

TITLE P/O
NAME Frost, Jerome
STREET ADDRESS 3029 CORONA DR
CITY-ST-ZIP Holiday, FL 34690 ☒ Change ☐ Addition

TITLE T/S
NAME Frost, David
STREET ADDRESS 2126 Telogia Ct.
CITY-ST-ZIP Holiday, FL 34690 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-04