


**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90041 001 \*\*\*150.00

**DOCUMENT # P04000006574**  
 1. Entity Name  
**LONNIE'S CONCRETE WORKS, INC.**




Principal Place of Business      Mailing Address  
**528 TOMOKA ROAD**      **528 TOMOKA ROAD**  
**DAYTONA BEACH FL**      **DAYTONA BEACH FL**

2. Principal Place of Business      3. Mailing Address  
*528 Tomoka Rd*      *420 Fletcher Ave*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Daytona Bch FLA*      *Daytona Bch FLA*  
 Zip      Country      Zip      Country  
~~*32114*~~      ~~*Volusia*~~      ~~*32114*~~      ~~*Volusia*~~

MOORE      CR2E034 (11/03)



4. FEI Number      Applied For  
*90-0141815*      Not Applicable

5. Certificate of Status Desired       **\$8.75\* Additional Fee Required**

6. Name and Address of Current Registered Agent  
**DAVIS, LONNIE**  
**420 FLETCHER AVENUE**  
**DAYTONA BEACH FL 32114**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LONNIE	NAME	
STREET ADDRESS	420 FLETCHER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, JILL	NAME	
STREET ADDRESS	420 FLETCHER AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:** *Lonnie Davis* **LONNIE DAVIS**      *4-2-04*      *386 846-2609*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #