2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000006827

1. Entity Name . . . P.C. CONCRETE SERVICES, INC.



FILED May 05, 2006 08:00 AM Secretary of State

Principal Place of Business

DO NOT WRITE IN THIS SPACE

219 SW BRIDGEPORT DRIVE PORT ST. LUCIE, FL 34984

US

Mailing Address

219 SW BRIDGEPORT DRIVE PORT ST. LUCIE, FL 34984

US



01182006

No Chg-P

CR2E034 (11/05) _

4. FEI Number 27-0090940

Applied For Not Applicab

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORBY, PATRICK 219 SW BRIDGEPORT DRIVE PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its register	ed office or	registered agent, or both, in the	he State of Florida. I am familiar with, and acc	
SIGNATURE	Signature, typed or printed name of registered agent and title	if applicable (NOTE, Registere	ed Agent signatur	e regulred when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		 		
10.	OFFICERS AND DIREC	CTORS	I	. 1		
TITLE. NAME STREET ADDRESS CITY-ST-ZIP	P CORBY, PATRICK 219 SW BRIDGEPORT DRIVE PORT ST. LUCIE, FL 34984	•				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				l 05/2	J00000563402 20/06-80011-001 150.00	
TITLE TRAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS				in and the second of	an Approximation of the Approx	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TWEED OR BUILDED NAME OF SIGNING OFFICER O

4/2/06 772-216-51