2006 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 20, 2006 08:00 AM **DOCUMENT # P04000010828** Secretary of State WM PARKER CONCRETE CONSTRUCTION INC. Malling Address Principal Place of Business 915 26TH AVENUE WEST 915 26TH AVENUE WEST BRADENTON, FL 34205 US BRADENTON, FL 34205 %F,O,,,-,4.4F& CR2E034 (11/05) 01242006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3711225 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PARKER, SR. WILLIAM DO NOT WRITE 915 26TH AVE W BRADENTON, FL 34205 IN THIS SPACE 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 (I applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PARKER, WILLIAM W.SR NAME 915 26TH AVENUE WEST STREET ADDRESS BRADENTON, FL 34205 CITY-ST-ZIP U00000439063 03/01/06-80031-021 150.00 PARKER, KATHY D NAME STREET ADDRESS 915 26TH AVENUE WEST BRADENTON, FL 34205 COTY-ST-77P TITLE NAME STREET ADDRESS DO NOT WRITE CSY-ST-ZP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 if chapter or on a stractment with an address with all other like empowered.

SIGNATURE:

TITLE
NAME
STHEFT ADDRESS
CITY-ST-JIP
TITLE
NAME
STHEFT ADDRESS
CITY-ST-JIP

NUME STATE (ADDRESS CITY-ST-DIP

> Kathy D. Parker SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

2-17-06 941-146-738

FILED