2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P04000014842 05-31-2005 90004 035 ***150.00 W.E. CONCRETE, INC. Principal Place of Business Mailing Address 905 WEST HOPE DR. 905 WEST HOPE DR. **40164000** PENSACOLA, FL 32534 PENSACOLA, FL 32534 2. Principal Place of Business 3. Mailing Address ·· • Suite, Apt. #, etc. Suite, Apt. #, etc. 04062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-0040451 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EVANS, WILLIE-J Street Address (P.O. Box Number is Not Acceptable) 905 WEST HOPE DR. PENSACOLA, FL 32534 City 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 conted name of regulared agent and title if englicable (NOTE: Recestered Agent pignature received when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TIFLE Delete TITLE NAME EVANS, WILLIE J NAME STREET ADDRESS 905 WEST HOPE DR. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32534 CITY-SI-ZIP TITLE Delete TITLE ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Oelete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Delete Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Change ☐ Defete THILE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

FILED

Jun 16, 2005 8:00 am

12. I hereby certify that the information supplied with this filling 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 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 if changed, or on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

CITY-ST-ZIP

SIGNATURE: Willia A. ELONA WILLIE J. EVANS 4-8-05 850-393-7179