

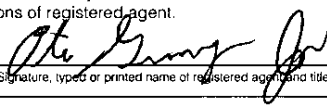
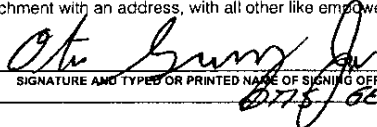


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90010 007 ***150.00

DOCUMENT # P04000017639					
1. Entity Name GEORGE CONCRETE SPECIALISTS, INC.					
Principal Place of Business OTIS GEORGE, JR. 448 MAPLEWAY STREET SAFETY HARBOR, FL 34695			Mailing Address OTIS GEORGE, JR. 448 MAPLEWAY STREET SAFETY HARBOR, FL 34695		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		Pinellas		01192006 Chg-P CR2E034 (11/05)	
4. FEI Number 30-0236309 20-0095982				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FINCH, JOHN K ESQ. 323 MAIN ST. SAFETY HARBOR, FL 34695			7. Name and Address of New Registered Agent		
			Name GEORGE, OTIS JR		
			Street Address (P.O. Box Number is Not Acceptable) 448 MAPLEWAY STREET		
			City SAFETY HARBOR		
			FL Zip Code 34695		
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 		OTIS GEORGE, JR.		1/19/06	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, OTIS JR 448 MAPLEWAY STREET SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, OTIS J 448 MAPLEWAY STREET SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENDERSON, JOSHUA J 448 MAPLEWAY STREET SAFETY HARBOR, FL 34695	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		PRESIDENT 01/19/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OTIS GEORGE JR.		Date Daytime Phone #			