## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

## **Secretary of State DOCUMENT # P04000020400** 07-31-2006 90007 036 \*\*\*558.75 1. Entity Name FLORIDA CONCRETE & MASONRY INC. Principal Place of Business Mailing Address 2409 29TH STREET EAST 2409 29TH STREET EAST 50023615 PALMETTO, FL 34221 PALMETTO, FL 34221 3. Mailing Address 2. Principal Place of Business 3120 46th Ave N 3120 46th Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 06282006 Chg-P Applied For City & State City & State 4. FEI Number 20-2999238 20-4890191 Not Applicable Country Cobatry \$8.75 Additional 5. Certificate of Status Desired 33714 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HANEY, CLIFFORD W JR. Street Address (P.O. Box Number is Not Acceptable) 2409 29TH STREET EAST PALMETTO, FL 34221 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11, CEO. Change Delete TITLE Addition TITLE NAME HANEY, CLIFFORD W JR NAME STREET ADDRESS 2409 29TH ST. E. STREET ADDRESS CITY-ST-ZIP PALMETTO, FL 34221 CITY-ST-ZIP P/COO. Change ☐ Addition TITLE ☐ Delete TITLE FORAN, MICHAEL S NAME NAME 2703 12765TN STREET ADDRESS 498 28TH ST. N STREET ADDRESS ST. PETERSBURG, FL 33704 CITY-ST-ZIP CITY-ST-ZIP Change Ch Addition TITLE ☐ Delete HANEY, DEBORAH A NAME NAME 2409 29TH ST. E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL 34221 Change ■ Addition TITLE ☐ Delete PICEO. LEONARD, JACK NAME NAME STREET ADDRESS 9110 BRUNSWICK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33615 ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

OFFICER OR DIRECTOR

FILED Jul 31, 2006 8:00 am