

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000021195**

1. Entity Name  
**ABSOLUTE CONCRETE INC.**



Principal Place of Business  
**400 TARREGONA WAY  
DAYTONA BEACH, FL 32114**

Mailing Address  
**400 TARREGONA WAY  
DAYTONA BEACH, FL 32114**



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0662255**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, STEVEN W  
383 WALNUT STREET  
DAYTONA BEACH, FL 32114**

**DO NOT WRITE  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**U00000924999  
05/20/08-80009-010 158.75**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ABSOLUTE CONCRETE INC.  
335 LAKESHORE DRIVE  
DAYTONA BEACH, FL 32117**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
OLWIA, ALBRIGHT  
400 TERRAGONA WAY  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
ALBRIGHT, JOHN  
400 TERRAGONA WAY  
DAYTONA BEACH, FL 32114**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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** *John Albright* **John Albright**

**4.24.08 386-453-0291**  
Date Daytime Phone #