

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90003 013 \*\*\*558.75

<b>DOCUMENT # P04000022013</b> 1. Entity Name <b>CROOKS CONCRETE, INC.</b>					
Principal Place of Business <b>2880 OLD EDWARDS RD. FT. PIERCE, FL 34981</b>			Mailing Address <b>2880 OLD EDWARDS RD. FT. PIERCE, FL 34981</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State  Zip      Country			City & State  Zip      Country		
4. FEI Number <b>20-1211160</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			06202005    Chg-P    CR2E034 (10/03)		
6. Name and Address of Current Registered Agent  <b>MANN, ROXANN 123 S. 11TH ST. FT. PIERCE, FL 34950</b>				7. Name and Address of New Registered Agent Name <b>Crooks, William R.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2880 Old Edwards Rd.</b> City <b>FT. Pierce</b> <b>FL</b> Zip Code <b>34981</b>	
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 <u><i>William R. Crooks</i></u> <b>8-10-05</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROOKS, WILLIAM R 2880 OLD EDWARDS RD. FT. PIERCE, FL 34981	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Crooks, Charles F. 3515 Kirby Loop Rd. FT. Pierce, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mason, Julie Houle 2880 Old Edwards Rd. FT. Pierce, FL 34981	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: <u><i>William R. Crooks</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>8-10-05 (772) 201-5267</b> <small>Date      Office Phone #</small>		