



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

9/9/2005-90029-011-\$150.00-\$150.00

<b>DOCUMENT # P04000026522</b>						<b>FILED</b> 05 OCT 31 AM 4:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 			
<b>1. Entity Name</b> MELVIN JOHNSON CONCRETE, INC.				<b>Principal Place of Business</b> 6346 BONDY PLACE JACKSONVILLE FL 32210				<b>Mailing Address</b> 6346 BONDY PLACE JACKSONVILLE FL 32210	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State	
City & State		City & State		Zip		Country		City & State	
Zip		Country		Zip		Country		City & State	
<b>6. Name and Address of Current Registered Agent</b> JOHNSON, MELVIN L 6346 BONDY PLACE JACKSONVILLE FL 32210				<b>7. Name and Address of New Registered Agent</b>					
Name				Name					
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)					
City				City					
FL				Zip Code					
<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.</b>									
SIGNATURE: <u>MELVIN JOHNSON CONCRETE, INC.</u>				<u>Melvin Johnson</u> DATE: <u>9-4-05</u>					
Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent Signature required when reinstating)				DATE					
<b>FILE NOW!!! FEE IS \$550.00</b> <b>DUE BY September 7, 2005</b> <b>Make Check Payable to Florida Department of State</b>				S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>				<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>				
<b>TITLE</b> PD	<b>NAME</b> JOHNSON, MELVIN L				<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6346 BONDY PLACE	<b>CITY- ST- ZIP</b> JACKSONVILLE FL 32210						<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete						<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>							<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY- ST- ZIP</b>							<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete						<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>							<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY- ST- ZIP</b>							<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete						<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>							<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY- ST- ZIP</b>							<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete						<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>							<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>CITY- ST- ZIP</b>							<b>CITY- ST- ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>									
SIGNATURE: <u>Melvin Johnson</u>					<u>MELVIN JOHNSON</u>				
Signature and typed or printed name of signing officer or director					Date: <u>9-11-05</u>				
					Daytime Phone: <u>563-1934</u>				