

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

06-29-2005 90003 026 \*\*\*150.00  
P04000031631

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DOCUMENT # P04000031631

1. Entity Name

JOSEPH SCHEIDER CONCRETE INC



FILED

05 JUL 25 PM 12:02

Principal Place of Business

14543 PHILLIPS HWY  
JACKSONVILLE FL 32223  
US

Mailing Address

14543 PHILLIPS HWY  
JACKSONVILLE FL 32227  
US

939 Orangewood Rd  
Jax, FL 32259

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

*Handwritten signature*

SECRET  
TALLAHASSEE, FLORIDA



4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONAKEY, MICHAEL J  
11945 SAN JOSE BLVD  
SUITE 201  
JACKSONVILLE FL 32223

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME SCHEIDER, JOSEPH  
STREET ADDRESS 14543 PHILLIPS HWY  
CITY-STATE-ZIP JACKSONVILLE FL 32227

939 Orangewood Rd  
Jax, FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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:

*Handwritten signature of Joseph Scheider*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-26-05 904-282-2520  
Date Daytime Phone #

6-26-05

ATTACHMENT

50054075

#P04000031631

2052

To Whome it may concern.

I had not received my  
renewal papers. I called  
and had some mailed  
out. Here is my 150.00

Please forgo my  
late charge

Thank You

Joseph Schider  
939 Orangewood Rd  
Tay, FL, 32259