

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90045 016 ***158.75

DOCUMENT # P04000032926

1. Entity Name

JOSEPH LITTLE CONCRETE SERVICES INC.



Principal Place of Business

HC-5 BOX 67
OLD TOWN FL 32680

Mailing Address

HC-5 BOX 67
OLD TOWN FL 32680

30012333



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

JOSEPH LITTLE CONCRETE
SERVICES, INC.

3. Mailing Address

JOSEPH LITTLE CONCRETE
SERVICES, INC.

Suite, Apt. #, etc.

303 N.E. 434 ST.

Suite, Apt. #, etc.

303 N.E. 434 ST.

City & State

OLD TOWN, FLA.

City & State

OLD TOWN, FLA.

Zip

32680

Country

DIXIE

Zip

32680

Country

DIXIE

4. FEI Number

55-0859134

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

LITTLE, JOSEPH

HC-5 BOX 67

OLD TOWN FL 32680

303 N.E. 434 ST.

OLD TOWN FLA 32680

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

Joseph M. Little

(NOTE: Registered Agent signature required when reinstating)

1-21-05

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

TITLE D ☐ Delete
NAME LITTLE, JOSEPH
STREET ADDRESS HC-5 BOX 67
CITY-ST-ZIP OLD TOWN FL 32680

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE OWNER / DIRECTOR ☒ Change ☐ Addition
NAME JOSEPH LITTLE
STREET ADDRESS 303 N.E. 434 ST.
CITY-ST-ZIP OLD TOWN FLA 32680
ADDRESS

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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:

Joseph M. Little
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-05 1-352
498-0648