


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

01-27-2005 90058 045 ***150.00

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|---|--|---|
| DOCUMENT # P04000039099 | |  |
| 1. Entity Name MIAMI CONCRETE CONTRACTORS, INC. | | |

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| Principal Place of Business 5322 AIRPARK LOOP E STE H GREEN COVE SPRINGS, FL 32043 | Mailing Address 5322 AIRPARK LOOP E STE H GREEN COVE SPRINGS, FL 32043 |
|--|--|

66017459



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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

05122005 Chg-P CR2E034 (10/03)

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 20-2019407 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

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

| | | | |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent FOLEN, VICTOR II 5322 AIRPARK LOOP E STE H GREEN COVE SPRINGS, FL 32043 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FOLEN, VICTOR II 5322 AIRPARK LOOP E GREEN COVE SPRINGS, FL 32043 <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 | V WADE, BEAUFORD 5322 AIRPARK LOOP E GREEN COVE SPRINGS, FL 32043 <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 | S LONG, HOWARD 5322 AIRPARK LOOP E GREEN COVE SPRINGS, FL 32043 <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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 |

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:  **8/10/05** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #