

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2006 8:00 am
Secretary of State

05-19-2006 90028 014 ***150.00

DOCUMENT # P04000039099					
1. Entity Name MIAMI CONCRETE CONTRACTORS, INC.					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2019407	
				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		
FOLEN, VICTOR II 5322 AIRPARK LOOP E STE H GREEN COVE SPRINGS, FL 32043			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 _____					
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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.					
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	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WADE, BEAUFORD 5322 AIRPARK LOOP E GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRON ADAMS 5024 CR 209 GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LONG, HOWARD 5322 AIRPARK LOOP E GREEN COVE SPRINGS, FL 32043	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	HEATHER ADAMS 5024 CR 209 GREEN COVE SPRINGS FL 32043 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>VICTOR A. FOLEN II</u>			5/10/2006 (904) 403-8308		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Depositor Name		