

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90334 041 ***150.00

DOCUMENT # P04000049749

1. Entity Name
CHEWCRETE CONCRETE INC



Principal Place of Business
**5750 WEST STREET
DELEON SPRINGS, FL 32130**

Mailing Address
**5750 WEST STREET
DELEON SPRINGS, FL 32130**

14001209



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

20-0936643

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MINCHEW, CHEYENNE
5750 WEST STREET
DELEON SPRINGS, FL 32130**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT ☐ Delete
NAME MINCHEW, HOWARD L
STREET ADDRESS 5750 WEST STREET
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE V ☒ Delete
NAME MINCHEW, LAWTON A
STREET ADDRESS 5750 WEST STREET
CITY-ST-ZIP DELEON SPRINGS, FL 32130

TITLE S ☐ Delete
NAME MINCHEW, CHEYENNE
STREET ADDRESS 5750 WEST STREET
CITY-ST-ZIP DELEON SPRINGS, FL 32130

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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME Minchew, Wade C
STREET ADDRESS 4466 Daugherty Road
CITY-ST-ZIP Oeland, Fl.

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: *Cheyenne Minchew* **Cheyenne Minchew** 4/23/05 (386) 985-0138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #