

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90278 011 ***150.00

DOCUMENT # P04000054638

1. Entity Name
PHIL ALBERT CONCRETE, INC.



Principal Place of Business
**WACHOVIA BANK BUILDING, 2ND FLOOR
400 COREY AVENUE
ST. PETE BEACH, FL 33706**

Mailing Address
**TERRANCE P. MCNAMARA, ESQ.
400 COREY AVENUE 2ND FLOOR
ST. PETE BEACH, FL 33706**

60041000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02092006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number
20-0921941

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

**MCNAMARA, TERRANCE P
WACHOVIA BANK BUILDING, 2ND FLOOR
400 COREY AVENUE
ST. PETE BEACH, FL 33706**

Name
Terrance P. McNamara, Esq.

Street Address (P.O. Box Number is Not Acceptable)
400 Corey Avenue, 2nd Floor

City
St. Pete Beach

FL

Zip Code
33706

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, 2006 Fee will be \$550.00**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
ALBERT, PHILIP F SR.
504 55TH AVENUE
ST. PETE BEACH, FL 33706** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
ALBERT, PHILIP F JR.
5914 19TH AVENUE SOUTH
GULFPORT, FL 33707** ☐ Delete

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Phillip F. Albert, Sr., President

3/28/06
Date

Daytime Phone #