
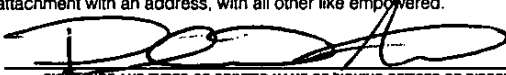


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90032 016 ***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		
2. Principal Place of Business - No P.O. Box # 5914 19th Avenue S.		3. Mailing Address Suite, Apt. #, etc.			
City & State Gulfport, FL		City & State		4. FEI Number 20-0921941	
Zip 33707		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCNAMARA, TERRANCE P 400 COREY AVE 2ND FL SAINT PETERSBURG, FL 33706				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Albert, Phillip F., Sr. 5301 Gulf Blvd., C507 St. Pete Beach, FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBERT, PHILIP F JR. 5914 19TH AVENUE SOUTH GULFPORT, FL 33707		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	
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	
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	
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 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:  / PHIL ALBERT 3/10/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					