

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90240 046 ***158.75

DOCUMENT # P04000074422

1. Entity Name
STRAIGHT EDGE CONCRETE SERVICES, INC.



Principal Place of Business
**4234 BAPTIST ISLAND RD
GROVELAND, FL 34736**

Mailing Address
**4234 BAPTIST ISLAND RD
GROVELAND, FL 34736**

50020854



2. Principal Place of Business
3727 Sarasota Ct.

Suite, Apt. #, etc.

3. Mailing Address
3123 Surfside Way

Suite, Apt. #, etc.

02192005 Chg-P CR2E034 (10/03)

City & State
Orlando FL

Zip
32812

Country
USA

City & State
Orlando FL

Zip
32805

Country
USA

4. FEI Number
20-1851381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EASTMAN, BRUCE R
4234 BAPTIST ISLAND RD
GROVELAND, FL 34736**

7. Name and Address of New Registered Agent

Name **Barton W. Abel**

Street Address (P.O. Box Number is Not Acceptable)

3727 Sarasota Ct.

City **Orlando**

FL

Zip Code **32812**

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 **Barton W. Abel** President

2/18/05

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 **P** ☐ Delete
NAME **ABEL, BARTON W**
STREET ADDRESS **3727 SARASOTA CT**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **V** ☒ Delete
NAME **EASTMAN, BRUCE R**
STREET ADDRESS **4234 BAPTIST ISLAND RD**
CITY-ST-ZIP **GROVELAND, FL 34736**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Feavel, Chad M**
STREET ADDRESS **1905 Pershing Ave.**
CITY-ST-ZIP **Orlando, FL 32805**

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

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

TITLE ☐ Change ☐ Addition
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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: **Barton W. Abel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/05 (407) 835-7899
Date Daytime Phone #