## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 26, 2005 8:00 am Secretary of State

PRINCIPAL PROOF IN STATE AND DIRECTORS IN Mailing Address   217 CR 220   MIDDLEBURG, FL 32068   MIDDLEBURG, FL 320	1. Entity Nam	MENT # P0400009 CONCRETE , INC.	7114					04-26-200	95 901 <i>6</i> 5 i	041 ***150	0.00	
2, Principal Place of Business	Principal Plac	e of Business	Mailing Address							0400		
Sulido, Apt. #, etc.   Sulido, Apt. #, etc.   Sulido, Apt. #, etc.   City & State   City & Sta	2137 CR 220	0	2137 CR 220									
Cay & State	2. Principal P	lace of Business	3. Mailing Address									
Zip Country Zip Country State			Suite, Apt. #, etc.			02	162005	Chg-P	CR2E	(10/03)		
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  8. The Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  9. Election Campaign Financing above named entity submits with a favorable in the state of Florida. I am familiar with, and accept the obligations of registered agent.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS I			City & State			4. i		12960	19		•	
Name	Zip		<u> </u>	Coun	try					Fee Require		
STOPPELMANN, SERENA 2137 COUNTY RD 220 MIDDLEBURG, FL 32068  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL		6. Name and Address of Curren	t Registered Agent		Name	7. 1	Name and A	ddress of Nev	v Registered	Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	2137 COUNTY RD 220											
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Signatu					·							
THE Obligations of registered agent.  SIGNATURE  Signature, types or private name of imperitance agent and table if applicable. (INOTE: Registered Agent sepatures required when nationalists):  DATE  PARTICLE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  10. OFFICERS AND DIRECTORS IN 1.  ITILE  OFFICERS AND DIRECTORS IN 1.  ITILE  NAME  STOPPELMANN, SERENA  2137 COUNTY RD 220  CITY-ST-2P  MIDDLEBURG, FL 32068  ITILE  OBelde  MIDDLEBURG, FL 32068  ITILE  OBERT ADDRESS  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  ITILE  NAME  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  ITILE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  ITILE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  ITILE  STREET ADDRESS  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Addition  Additio							▁					
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After May 1, 2005 Fee will be \$550.00  Trust Fund Contribution.	SIGNATURE.	Signature, typed or printed name of registered ager	at and title if applicable. (NOT	E: Registere	d Agent signature	t required when re	einstating)		DATE		•	
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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: Sievera Stepsoman Sevena Stoppomann	Ĺ	1-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	)ate	Daytime Phone #