

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90016 034 ***150.00

DOCUMENT # P04000115472

1. Entity Name

BEN'S CONCRETE, INC.



Principal Place of Business

**446 BRIDGET ST.
NEW SMYRNA BEACH FL 32168**

Mailing Address

**3744 LACEY LN
NEW SMYRNA BEACH FL 32169**



2. Principal Place of Business - No P.O. Box #

3744 Lacey Ln.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

New Smyrna Beach, FL.

City & State

4. FEI Number

75-3164940

Applied For

Not Applicable

Zip

32168

Country

Volusia

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOOD, OWEN B
446 BRIDGET ST.
NEW SMYRNA BEACH FL 32168**

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

Owen Wood

Signature, typed or printed name of registered agent and one if applicable.

(NOTE: Registered Agent signature required when restoring)

3/8/08

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P WOOD, OWEN B**
STREET ADDRESS **446 BRIDGET ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **P Owen Wood**
STREET ADDRESS **3744 Lacey Ln.**
CITY-ST-ZIP **New Smyrna Beach, FL 32168**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 another like empowered.

SIGNATURE:

Owen Wood

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/08

Date

Daytime Phone #