

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000134641

1. Entity Name
JACKSONVILLE CONCRETE SERVICES, INC.



Principal Place of Business
2059 EVERGREEN AVE.
JACKSONVILLE, FL 32206

Mailing Address
2059 EVERGREEN AVE.
JACKSONVILLE, FL 32206

FILED

06 APR 27 AM 11:39



03092006 No Chg-P CR2E034 (11/05)

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4. FEI Number
73-1720017
Applied For
Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FENWICK, GARY
6574 ECTOR RD.
JACKSONVILLE, FL 32211

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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

| | |
|----------------|------------------------|
| TITLE | PT |
| NAME | FENWICK, GARY |
| STREET ADDRESS | 6574 ECTOR RD. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 |
| TITLE | VS |
| NAME | FENWICK, BRENDA |
| STREET ADDRESS | 6574 ECTOR RD. |
| CITY-ST-ZIP | JACKSONVILLE, FL 32211 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: GARY FENWICK, PRESIDENT 4-10-06 (904) 509-8437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #