


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000154321</b>		
1. Entity Name <b>HEROLD &amp; SON CONCRETE SERVICES, INC.</b>		
Principal Place of Business <b>6314 OAK SQUARE EAST LAKELAND, FL 33813 US</b>	Mailing Address <b>6314 OAK SQUARE EAST LAKELAND, FL 33813</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>DAUGHTREY, THERESA D 6314 OAK SQUARE EAST LAKELAND, FL 33813</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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: <u><i>Theresa Daughtrey</i></u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>3/18/08</u>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEROLD, DAVID H 6314 OAK SQUARE EAST LAKELAND, FL 33813	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TESS, RAYMOND S 3319 BACK WOODS DR. LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAUGHTREY, JOHN E 6212 AMELIA ROAD RIDGE MANOR, FL 33523	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, NANETTE L 3319 BACK WOODS DR. LAKELAND, FL 33810	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u><i>David Herold</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/18/08</u> Daytime Phone: <u>863 248 1633</u>



03182008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>30-0284145</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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04/08/08-80014-005 150.00