

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90318 021 \*\*\*150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                     |                                                                      |                                                                                                                                  |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # P04000154965</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     |                                                                      |                                                 |                                                                              |
| 1. Entity Name<br>HOMEOWNER'S FIRST CHOICE CONCRETE, INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                     |                                                                      |                                                                                                                                  |                                                                              |
| Principal Place of Business<br>1982 PROTECTION POINT<br>ORANGE PARK, FL 32003 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        |                                                                                     | Mailing Address<br>1982 PROTECTION POINT<br>ORANGE PARK, FL 32003 US |                                                                                                                                  |                                                                              |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                        |                                                                                     | 3. Mailing Address                                                   |                                                                                                                                  |                                                                              |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                     | Suite, Apt. #, etc.                                                  |                                                                                                                                  |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                     | City & State                                                         |                                                                                                                                  |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                | Zip                                                                                 | Country                                                              | 4. FEI Number<br><b>20-1875470</b>                                                                                               |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                     |                                                                      | Applied For<br>Not Applicable                                                                                                    |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                     |                                                                      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                         |                                                                              |
| 6. Name and Address of Current Registered Agent<br><br>DIMAIN, BENICIO<br>1982 PROTECTION POINT<br>ORANGE PARK, FL 32003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                     |                                                                      | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        |                                                                                     |                                                                      |                                                                                                                                  |                                                                              |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                        | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                      | \$5.00 May Be Added to Fees                                                                                                      |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                        |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                |                                                                                                                                  |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | P<br>DIMAIN, BENICIO<br>1982 PROTECTION POINT<br>ORANGE PARK, FL 32003 | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     | V,T,S                                                                                                                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | <input type="checkbox"/> Delete                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                     |                                                                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u>Benicio L. Dimain Jr</u> 4/23/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Cells Digits/Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                     |                                                                      |                                                                                                                                  |                                                                              |