## **2005 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

FILED Apr 22, 2005 8:00 am Secretary of State

DOCUMENT # P04000164920  1. Entity Name CEMENT CONTRACTORS, INC.					04-22-20	05 90289 028 ***	*150.00	
Principal Place	a of Rusiness	Mailing Address			I		HUUYAAU	ſ
10475 RIVERSIDE DRIVE #4 PALM BEACH GARDENS, FL 33410		10475 RIVERSIDE DRIVE #4 PALM BEACH GARDENS, FL 33410		410				
- 5: : : 5		T 2 100						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04192005	Chg-P	CR2E034 (10/03)	
City & State		City & State		4. FEI Number 30- 19	2 <i>83</i> 37	<b> </b>	plied For at Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of	Status Desired	□ \$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Agent	
SAULT COX SAULT IAAA AA				Name				
WILLCOX, WILLIAM M 10475 RIVERSIDE DRIVE #4 PALM BEACH GARDENS, FL 33410			Street Address (P.O. Box Number is Not Acceptable)					
			City			FL Zip Cod	е	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both	in the State of Flo	orida. I am familiar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable. (NOT	E. Registered	d Agent signature required	i when reinslating)		OATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTOR	C INL 11
TITLE	D		TITLE	.				2114 [1]
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STREET ADDRESS		☐ Delete	NAM	E			☐ Change	<del></del>
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12. Thereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date