


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000002282</b>				
1. Entity Name <b>RICHARD SMITH CONCRETE, INC.</b>				
Principal Place of Business <b>8189 LOCH LOMOND LANE JACKSONVILLE FL 32244</b>		Mailing Address <b>8189 LOCH LOMOND LANE JACKSONVILLE FL 32244</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt #, etc.		Suite, Apt #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-2112513</b>
				Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent  <b>SMITH, RICHARD T III 8189 LOCH LOMOND LANE JACKSONVILLE FL 32244</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when substituting)</small>				



1st MOORE CR2E034 (10/07)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution <input type="checkbox"/> Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SMITH, RICHARD T III</b> <b>8189 LOCH LOMOND LANE</b> <b>JACKSONVILLE FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000835831</b> <b>02/29/08-80049-023 150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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 all other like empowered.

**SIGNATURE:** Richard T. Smith III 2-19-08 904-7791016  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #