


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90061 008 ***150.00

DOCUMENT # P05000036635	
1. Entity Name PROSPERITY CONCRETE, INC.	

Principal Place of Business 1141 NE 24TH TERRACE GAINESVILLE FL 32641	Mailing Address 1141 NE 24TH TERRACE GAINESVILLE FL 32641
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2. Principal Place of Business - No P.O. Box # 104 SE. 14th LN	3. Mailing Address 104 SE. 14th LN
Suite, Apt. #, etc. # 104	Suite, Apt. #, etc. # 104
City & State GAINESVILLE FLA	City & State
Zip 32601	Country ALACHUA



1st MOORE CR2E034 (10/06)

4. FEI Number 41-2170303		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAMS, ARTHUR E 1141 NE 24TH TERRACE GAINESVILLE FL 32641		
7. Name and Address of New Registered Agent Name Arthur E. Sams Street Address (P.O. Box Number is Not Acceptable) 104 SE. 14th LN City GAINESVILLE FL Zip Code 32601		

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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be 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 SAMS, ARTHUR E 1141 NE 24TH TERRACE GAINESVILLE FL 32641 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Sams, Arthur E 104 SE. 14th LN GAINESVILLE FL, 32601 <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
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: Arthur E. Sams **4-21-2007 352-262-4025**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #