

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000078608

FILED
Sep 30, 2006
Secretary of State

Entity Name: CENTRAL FLORIDA COMPLETE CONCRETE SERVICES, INC.

Current Principal Place of Business:

608 MAIN AVE.
SUITE # 23
CLERMONT, FL 34715 US

New Principal Place of Business:

6736 WINDER LYNN LN
ORLANDO, FL 32819 US

Current Mailing Address:

608 MAIN AVE.
SUITE # 23
CLERMONT, FL 34715 US

New Mailing Address:

6736 WINDER LYNN LN
ORLANDO, FL 32819 US

FEI Number: 20-2924669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OWENS, DON M II
608 MAIN AVE.
SUITE # 23
CLERMONT, FL 34715 US

Name and Address of New Registered Agent:

OWENS, DON M II
6736 WINDER LYNN LN
ORLANDO, FL 32819 US

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.

SIGNATURE: DON M OWENS II

09/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: OWENS, DON M II
Address: 608 MAIN AVE. SUITE # 23
City-St-Zip: CLERMONT, FL 34715 US

Title: ST () Delete
Name: OWENS, DON M II
Address: 608 MAIN AVE. SUITE # 23
City-St-Zip: CLERMONT, FL 34715 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVD (X) Change () Addition
Name: OWENS, DON M II
Address: 6736 WINDER LYNN LN
City-St-Zip: ORLANDO, FL 32819 US

Title: ST (X) Change () Addition
Name: OWENS, DON M II
Address: 6736 WINDER LYNN LN
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON M OWENS II

ST

09/30/2006

Electronic Signature of Signing Officer or Director

Date