


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000100826 1. Entity Name EL-WOOD CONCRETE, INC.	
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FILED

2006 DEC 14 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040	Mailing Address 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



10112006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3170964	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 RAULERSON, WOODROW JR 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Woodrow Raulerson Dec. 13, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete RAULERSON, WOODROW JR. 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040
TITLE	S <input type="checkbox"/> Delete RAULERSON, WOODROW JR 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040
TITLE	T <input type="checkbox"/> Delete RAULERSON, WOODROW JR 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040
TITLE	D <input type="checkbox"/> Delete RAULERSON, WOODROW JR. 9664 WOODROW RAULERSON RD GLEN ST MARY, FL 32040
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500082542165
STREET ADDRESS	12/14/06--01027--003 **150.00
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

REINSTATEMENT

12/15/06

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: Woodrow Raulerson Dec. 13, 2006 (904) 955-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Corporate File #