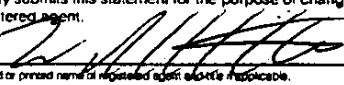


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90003 043 ***150.00

DOCUMENT # P05000106750			
1. Entity Name CENTRAL CONCRETE PLACEMENT, INC.			
Principal Place of Business 225 WEST PONKAN ROAD APOPKA, FL 32712		Mailing Address 225 WEST PONKAN ROAD APOPKA, FL 32712	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		225 W. Ponkan	
City & State		City & State Apopka FL	
Zip	Country	Zip	Country
32712	USA		
4. FEI Number		20-3234579	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BELL, KELLY H 225 WEST PONKAN ROAD APOPKA, FL 32712		Name William E Gettle Street Address (P.O. Box Number is Not Acceptable) 255 E. Second St City Apopka FL Zip Code 32703	
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 6-13-06	
FILE NOW! - FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BELL, KELLY 225 WEST PONKAN ROAD APOPKA, FL 32712	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GETTLE, WILLIAM 225 WEST PONKAN ROAD APOPKA, FL 32712	☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	
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 all officer, trustee empowered.			
SIGNATURE: 		5-12-06 902-207-345	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	