

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90057 049 \*\*\*150.00

<b>DOCUMENT # P05000155971</b> 1. Entity Name <b>FLORIDA READY MIX, INC.</b>																													
Principal Place of Business <b>16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US</b>			Mailing Address <b>16528 NORTH DALE MABRY HWY TAMPA, FL 33618 US</b>																										
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-3851413</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent  <b>SANDERS, WALTER S 16528 NORTH DALE MABRY HWY TAMPA, FL 33618</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u>Walter Sanders</u> <u>Walter Sanders</u> <u>4/25/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE</small>																													
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>JEMISON, MICHAEL</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>26266 BARCELOS COURT</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>PUNTA GORDA, FL 33983</b></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>JEMISON, MICHAEL</b>		STREET ADDRESS	<b>26266 BARCELOS COURT</b>		CITY-ST-ZIP	<b>PUNTA GORDA, FL 33983</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 other like empowered.																													
SIGNATURE: <u>Michael Jemison</u> <u>Michael Jemison</u> <u>4/25/07</u> <u>813-961-0094</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>																													