

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-05-2007 90090 012 ***150.00

DOCUMENT # P05000162866 1. Entity Name PERFORMANCE CONCRETE ENTERPRISE, INC.					
Principal Place of Business 3910 S. POLK AVE. LAKELAND FL 33813			Mailing Address 3910 S. POLK AVE. LAKELAND FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number: 20-3956199 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENSEN, KALI J 3910 S. POLK AVE. LAKELAND FL 33813			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ State FL 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>Kali Jensen, ST.</u> 1/29/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
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. ☐ \$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	P RIMEK, CYNTHIA J 3910 S. POLK AVE. LAKELAND FL 33813	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RIMEK, LLOYD 3910 S. POLK AVE. LAKELAND FL 33813	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JENSEN, KALI 3910 S. POLK AVE. LAKELAND FL 33813	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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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: <u>Kali Jensen, ST.</u> 1/29/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					