

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000020298

Entity Name: M & T CONCRETE COMPANY

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

1597 LIVE OAK DRIVE  
JACKSONVILLE, FL 32246 US

## New Principal Place of Business:

3153 PEACH DRIVE  
JACKSONVILLE, FL 32246 US

## Current Mailing Address:

1597 LIVE OAK DRIVE  
JACKSONVILLE, FL 32246 US

## New Mailing Address:

3153 PEACH DRIVE  
JACKSONVILLE, FL 32246 US

FEI Number: 20-4270892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POTTS, JOHN W  
1597 LIVE OAK DRIVE  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

POTTS, JOHN W  
3153 PEACH DRIVE  
JACKSONVILLE, FL 32246 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: \_\_\_\_\_

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: POTTS, JOHN W  
Address: 1597 LIVE OAK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SEC ( ) Delete  
Name: POTTS, JOHN W  
Address: 1597 LIVE OAK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: POTTS, JOHN W  
Address: 3153 PEACH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: SEC (X) Change ( ) Addition  
Name: POTTS, JOHN W  
Address: 3153 PEACH DRIVE  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby certify that the information supplied with this filing does not qualify 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: JOHN POTTS

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date