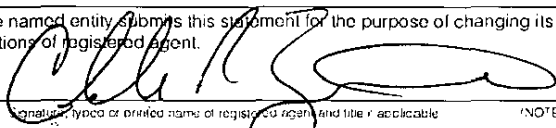


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90010 023 ***150.00

DOCUMENT # P06000025903			
1. Entity Name 1ST CHOICE CONCRETE, INC.			
Principal Place of Business 14255 SE 95TH CT SUMMERFIELD FL 34491		Mailing Address 14255 SE 95TH CT SUMMERFIELD FL 34491	
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
6. Name and Address of Current Registered Agent ZIMMERMAN, CHARLES R 14255 SE 95TH CT SUMMERFIELD FL 34491		7. Name and Address of New Registered Agent Name <u>Charles Zimmerman</u> Street Address (P.O. Box Number is Not Acceptable) <u>14255 SE 95TH CT</u> City <u>Summerfield</u> FL Zip Code <u>34491</u>	
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 <u>2/16/07</u>	
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	PTD ZIMMERMAN, CHARLES R 14255 SE 95TH CT SUMMERFIELD FL 34491 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	VPSD ZIMMERMAN, CARLA J 14255 SE 95TH CT SUMMERFIELD FL 34491 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST / ZIP	☐ Change ☐ Addition
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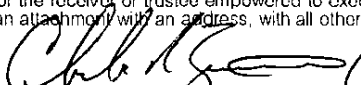


1st MOORE CR2E034 (10/06)

4. FEE Number 20-4360006 Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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:  Charles R. Zimmerman 2/16/07 (352)266-5644

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #