2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 19, 2007 8:00 am Secretary of State

DOCUMENT # P06000030524 1. Entity Name JJIB CONCRETE INC								90024 033 **	*150.00
Principal Place of Business 2700 NE 2ND AVE CAPE CORAL, FL 33909 US			Mailing Address 2700 NE 2ND AVE CAPE CORAL, FL 33909 US			40120			PIL GIEUTEL IL 1881)
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07122007	Chg-P	CR2E034 (12/	06)
City & State			City & State			4. FEI Numb	er 56-256	52278 -	Applied For Not Applicable
Zip	Country		Zip			5. Certificate	of Status Desired	□ \$8.75 Fee Red	Additional uired
	6. Name	and Address of Curren	t Registered Agent	7. Name and Address of New Registered Agent Name					
FORMOSA, JARED B									
2700 NE 2 CAPE COR		33909			Street Address (P.O. Box Number is Not Acceptable)				
•									
					City				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. Fam familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.									
10.		OFFICERS AND	-	11.		ADDITIONS	CHANGES TO OFF		
TITLE NAME	P Delete TITL				I			☐ Cha	nge [] Addition
STREET ADDRESS CITY-ST-ZIP	2700 NE 2ND AVE				EET ADDRESS (-ST-ZIP				
TITLE	VP Delete 1171.1				E			☐ Cha	nge 🗌 Addition
NAME Street address	BOOKS, JUSTIN D 1823 SE 13TH ST				ae Aet adoress				
CITY-ST-ZIP	CAPE CORAL, FL 33990 cin				r-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 ampowered.									
SIGNATURE: SIGNATURE AND DIVED OR PRINTED NAME OF STRING OFFICER OR DIRECTOR Date Dayling Phone #									
Date Dayling Phone #									