

2007 FOR PROFIT CORPORATION ANNUAL REPORT

04-19-2007 90197 043 ***150.00
P06000037035

FILED

07 MAY -3 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142007 Chg-P CR2E034 (12/06)

| | |
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| DOCUMENT # P06000037035 | |
| 1. Entity Name INTRA-STATE TERRAZZO & CONCRETE, INC. | |



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| Principal Place of Business 6435 ROYAL TERN CIRCLE BRADENTON, FL 34202 | Mailing Address 6435 ROYAL TERN CIRCLE BRADENTON, FL 34202 |
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|---|---------------------|
| 2. Principal Place of Business - No P.O. Box # 2151 Whitfield Park Ave | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|------------------------------|----------------|
| City & State SARASOTA FL. | City & State |
| Zip 34243 | Country US. |

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 20-4501730 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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| 6. Name and Address of Current Registered Agent VOIGT, SR., STEPHEN F ESQ. 2042 BEE RIDGE ROAD SARASOTA, FL 34239 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| 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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PVST DESIMONE, JOSEPH A 6435 ROYAL TERN CIRCLE BRADENTON, FL 34202 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: DESIMONE Date: 4/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #