

**2007 FOR PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 JAN 18 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000038641

1. Entity Name
XPRESS MOBILE CONCRETE INC.



Principal Place of Business
10407 U.S. HWY 41 NORTH
PALMETTO, FL 34221

Mailing Address
10407 U.S. HWY 41 NORTH
PALMETTO, FL 34221

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

01132007

Chg-P

CR2E034 (12/06)

4. FEI Number
56-2560555

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, ANTONETTE
9827 CRISTINA DRIVE
RIVERVIEW, FL 33569

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

Amended AR is \$61.25

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 PD ☐ Delete
NAME CANLEY, JUNIOR
STREET ADDRESS 11317 LOUISA MAY WAY
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME JACKSON, RANDY
STREET ADDRESS 4192 53RD AVE S
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME THOMAS, SHELDON
STREET ADDRESS 9827 CRISTINA DRIVE
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☒ Delete
NAME CANLEY, SHERI L
STREET ADDRESS 11317 LOUISA MAY WAY
CITY-ST-ZIP RIVERVIEW, FL 33569

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Junio Canley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-07

Date

941-729-1565

Daytime Phone #