


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90054 002 \*\*\*150.00

<b>DOCUMENT # P06000095966</b>	
1. Entity Name U DO-IT CONCRETE, INC.	

Principal Place of Business 3312 MUSTANG DR SPRING HILL, FL 34604	Mailing Address 3312 MUSTANG DR SPRING HILL, FL 34604
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent  BROWN, SHELLEY L 3312 MUSTANG DR SPRING HILL, FL 34604	
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**40029349**



01102007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-5248410</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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 Shelley L Brown PRESIDENT 02/20/07  
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**  
**After May 1, 2007 Fee will be \$550.00**

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	PSTD BROWN, SHELLEY L 3312 MUSTANG DR SPRING HILL, FL 34604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 empowered.

SIGNATURE: Shelley L Brown (SHELLEY L BROWN) 02/20/07 808-424  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (727)