

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90092 049 ***150.00



DOCUMENT # P06000106900
 1. Entity Name
ALL SOUTHERN CONCRETE, INC.

Principal Place of Business: 17208 W. APSHAWA ROAD, CLERMONT FL 34711
 Mailing Address: 17208 W. APSHAWA ROAD, CLERMONT FL 34711



2. Principal Place of Business - No P.O. Box #
 Clermont
 Suite, Apt. #, etc.
 17208 W. Apshawa Rd

3. Mailing Address
 17208 W. Apshawa Rd
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State: Clermont, FL
 Zip: 34715 Country: FLA

4. FEI Number: 20-5476895
 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	
HOLLOWAY, JACKIE 17208 W. APSHAWA ROAD CLERMONT FL 34711		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 reinstating)
 Signature, typed or printed name of registered agent and title if applicable. DATE _____

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, DAVID			NAME			
STREET ADDRESS	17208 W. APSHAWA ROAD			STREET ADDRESS			
CITY - ST - ZIP	CLERMONT FL 34711			CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALBRITTON, RICHARD W			NAME			
STREET ADDRESS	13125 E. COUNTY ROAD 561A			STREET ADDRESS			
CITY - ST - ZIP	CLERMONT FL 34711			CITY - ST - ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLOWAY, JACKIE			NAME			
STREET ADDRESS	17208 W. APSHAWA ROAD			STREET ADDRESS			
CITY - ST - ZIP	CLERMONT FL 34711			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

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: Jackie Holloway 4-23-07 321-624-8804
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #