

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 05, 2008
Secretary of State**

DOCUMENT# P06000111277

Entity Name: DILLON CONCRETE SERVICES, INC

Current Principal Place of Business:

8165 CHERYL ANN LANE
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 6145
JACKSONVILLE, FL 32236

New Mailing Address:

FEI Number: 20-5793580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLON, MONICA
8165 CHERYL ANN LANE
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DILLON, MONICA
Address: P. O. BOX 6145
City-St-Zip: JACKSONVILLE, FL 32236

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: DILLON, ROBERT L
Address: P.O. BOX 6145
City-St-Zip: JACKSONVILLE, FL 32236

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA DILLON

PD

11/05/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date