

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000111277

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MONICA DILLON

PD

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date