## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000055572

Entity Name: CNM CONCRETE, INC.

FILED Jul 02, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1900 DOLGNAR PLACE 1900 DOLGNER PLACE SANFORD, FL 32771 SANFORD, FL 32771 **Current Mailing Address: New Mailing Address:** 1900 DOLGNAR PLACE 1900 DOLGNER PLACE SANFORD, FL 32771 SANFORD, FL 32771 FEI Number: 26-0168008 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of New Registered Agent: Name and Address of Current Registered Agent: GAINES, NORMAN GAINES, NORMAN 1900 DÓLGNAR PLACE 1900 DOLGNER PLACE SANFORD, FL 32771 SANFORD, FL 32771 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: 07/02/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete (X) Change ( ) Addition GAINES, CHRISTOPHER L GAINES, CHRISTOPHER L Name: Name: 412 EDITHA CIRCLE Address: 412 EDITHA CIR Address: City-St-Zip: SANFORD, FL 32771 City-St-Zip: SANFORD, FL 32771 Title: Title: () Delete () Change () Addition Name: GAINES, NORMAN W Name: 137 LONG PINE DRIVE Address: Address: DELTONA, FL 32725 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition CERMAK, MICHAEL L Name: Name: 26055 TROON AVE Address: Address: City-St-Zip: SORRENTO, FL 32776 City-St-Zip:

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.

Ρ SIGNATURE: CHRISTOPHER GAINES 07/02/2008