2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 13, 2004 08:00 AM DOCUMENT # P93000076515 **Secretary of State** SIMCON CONCRETE, INC. Principal Place of Business Mailing Address 3038 JOHN YOUNG PARKWAY 3038 JOHN YOUNG PARKWAY STE 27 ORLANDO FL 32804 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3206611 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, JASON Street Address (P.O. Box Number is Not Acceptable) 3038 JOHN YOUNG PARKWAY **S**TE 27 ORLANDO FL 32804 City 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. Signature, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, JASON MAME 3038 JOHN YOUNG PARKWAY, STE 27 STREET ADDRESS STREET ABORESS CITY-SI-ZIP ORLANDO FL 32804 CITY-ST-ZIP TITLE ☐ Delete 33135 ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS 11000000050483 CITY-ST-ZIP CHY-ST-ZIP 02/16/04-80012-011 150.00 TITLE ☐ Detete 3378 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-21P TIELE ☐ Defete TITLE ☐ Channe Addition NAME NAME STREET ADDRESS STREET ADDRESS OTTY-57-ZF CITY-SE-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY-ST-78P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 erap gred 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, will all other the erap exercise.

SIGNATURE:

2-10-04 407-290-3192

FILED