2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 17, 2007 08:00 AM Secretary of State **DOCUMENT # P93000088343** SEMINOLE CONCRETE, INC. Principal Place of Business Mailing Address **5282 GOLDEN GATE PKWY 4231 5TH AVE SW** US NAPLES, FL 34119 NAPLES, FL 34116 US No Chg-P CR2E034 (11/05) 01102007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0456890 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BILLIE, COREY J. DO NOT WRITE **4231 5TH AVE SW** NAPLES, FL 34119 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be <u>UQ</u>OQQOS&&964 Trust Fund Contribution. Added to Fees 01/17/07-80094-007 150.00 OFFICERS AND DIRECTORS 10. TITLE BILLIE, COREY J NAME 4231 5TH AVE SW STREET ADDRESS CITY-S!-ZIP NAPLES, FL TITLE BILLIE, MICHELLE NAME STREET ADDRESS 4231 5TH AVE SW CITY-ST-ZIP NAPLES, FL NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this fiting does not qualify for the exemptions contained 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 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS