

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000024581

1. Entity Name
E.C. CONCRETE, INC.



Principal Place of Business
1159 BEACH BLVD.
JACKSONVILLE, FL 32250 US

Mailing Address
P O BOX 49160
JACKSONVILLE BEACH, FL 32240 US



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3231248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HATHAWAY, RICHARD G
7077 BONNEVAL RD.
SUITE 200
JACKSONVILLE, FL 32216

**DO NOT WRITE
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 _____

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SCHWARTZENBERGER, GREGORY A
STREET ADDRESS 862 2ND STREET
CITY-ST-ZIP NEPTUNE BEACH, FL

TITLE S
NAME YOUNG, DELORES M
STREET ADDRESS 201 10TH AVE., NORTH #207
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE T
NAME ISSAC, ROBERT A
STREET ADDRESS 42 TREEWOOD ROAD
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000061786
02/23/04-80094-022 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. DELORES YOUNG

1-13-04 (904) 241-4962

Date

Daytime Phone #