## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 21, 2004 8:00 am Secretary of State

DOCUMENT # P9400063368  1. Entity Name CONCRETE FOUNDATIONS, INC.						04-21-2004	1 90087 01	4 ***150	.00
Principal Place	of Business		<del></del>						
6304 BENJAN		Mailing Address 4234 GLOUCESTER RD			}				
STE 505		BROOKSVILLE, FL 34609							
TAMPA, FL 3	3634				<b>4</b> ()) =( <b>4</b> () <b>4</b> ()) =( <b>4</b> ()) =( <b>4</b> ())		<b></b>		
								<b>20</b>      1 <b>00</b>     10    10    10	
2. Principal Pl	ace of Business	3. Mailing Address 6304 BENSAMIN ROAD				<u> </u>	<u> </u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ł				
обле, Арт. #, етс.		STE. 505		04122004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number			TAP	olied For	
, 		TAMPA, FL		59-3259			Not	Applicable	
Zip	Country	Zip	Country		E Cortificate o	f Status Desired		\$8.75 Addi	tional
L		33634	ÚS		<u> </u>			Fee Required	<u></u>
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent									-t
38/01/1/18840	CLODIA C	l Na	Name						
WILLIAMS, GLORIA S 15499 OAKCREST CIR				Street Address (P.O. Box Number is Not Acceptable)					
	ILLE, FL 34609	<u> </u>							
			ļ						
			Cit	y		<del></del>	FL	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.									
tria conidarionis or reflisiered again.									
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 \$5.00 May Be Trust Fund Contribution.   Added to Fees									
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO O	FFICERS AND	DIRECTORS	IN 11
TITLE	DP	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	WILLIAMS, GLORIA		NAME						ļ
STREET ADDRESS	15499 OAKCREST CIR		STREET ADE						i
CITY-ST-ZIP	BROOKSVILLE, FL 34609		CITY-ST-ZI						
TITLE	DST	☐ Delete	TITLE	ا≥∆	- and	CACHUA	m	🔀 Change	Addition
NAME STREET ADDRESS	WHITNEY, JOSHUA M 4234 GLOUCESTER RD		name Street add	DECC 120	ILACT)		576 50	· <-	}
CITY-ST-ZIP	BROOKSVILLE, FL 34609		CITY-ST-ZI		TINEY, S OF BENSAM	72/21	316.30	J	
L	V			THI	NPH, PL	23634			<del></del> _
TITLE NAME	SMITH, ERIC O	☐ Delete	TITLE NAME	İ				Change	Addition
STREET ADDRESS	6304 BENJAMIN RD. SUITE 50		STREET ADD	DRESS -	V =	-			
CITY-ST-ZIP	TAMPA, FL 33634	•	CITY-ST-ZI	i					ŀ
TITLE		☐ Delete	TITLE	<del></del>				☐ Change	☐ Addition
NAME		□ Delete	NAME	1				☐ Cliange	LI ADDRIVAT
STREET ADDRESS			STREET ADE	RESS					
CITY-ST-ZIP			CITY-ST-Z	P					}
TITLE		☐ Delete	TITLE	_				☐ Change	Addition
NAME	1	عاواول نسا	NAME	}					
STREET ADDRESS			STREET ADD	RESS					i
CITY-ST-ZIP			CITY-ST-Z	P					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME	,		NAME					_ •	
STREET ADDRESS			STREET ADD	. 1	J. *.		,		
CITY-ST-ZIP			CITY-ST-Z	P _		<u> </u>	·		
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 acceiver 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									

SOSHUA WHITHEY