
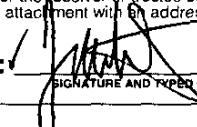


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-21-2004 90087 014 \*\*\*150.00

<b>DOCUMENT # P94000063368</b> 1. Entity Name <b>CONCRETE FOUNDATIONS, INC.</b>					
Principal Place of Business <b>6304 BENJAMIN RD STE 505 TAMPA, FL 33634</b>			Mailing Address <b>4234 GLOUCESTER RD BROOKSVILLE, FL 34609</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>6304 BENJAMIN ROAD STE. 505 TAMPA, FL 33634</b>			
City & State City: <b>TAMPA</b> , State: <b>FL</b>		4. FEI Number <b>59-3259324</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33634</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILLIAMS, GLORIA S 15499 OAKCREST CIR BROOKSVILLE, FL 34609</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, GLORIA 15499 OAKCREST CIR BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M 4234 GLOUCESTER RD BROOKSVILLE, FL 34609	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ERIC O 6304 BENJAMIN RD, SUITE 505 TAMPA, FL 33634	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M. 6304 BENJAMIN RD. STE. 505 TAMPA, FL 33634	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M. 6304 BENJAMIN RD. STE. 505 TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M. 6304 BENJAMIN RD. STE. 505 TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M. 6304 BENJAMIN RD. STE. 505 TAMPA, FL 33634	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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: 		JOSHUA WHITNEY		813-249-9191	