2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P95000009811 1. Entity Name 04-26-2004 90468 047 ***150 00 L. AND A. WEST CONCRETE, INC. Principal Place of Business Mailing Address 14180 WEYMOUTH RUN 14180 WEYMOUTH RUN ORLANDO FL 32828 ORLANDO FL 32828 2. Principal Place of Business 3. Mailing Address 702 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number Center 59-3299218 'enter Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33514 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEST, HAROLD L Street Address (P.O. Box Number is Not Acceptable) 1329 25TH ST. ORLANDO FL 32805 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 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 \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete ☐ Change TITLE TITLE ☐ Addition WEST, WILLIAM H NAME NAME 7277 CR702 STREET ADDRESS 1329 25TH ST. STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME WEST, CAROL A NAME STREET ADDRESS 1329 25TH ST. STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Addition NAME MALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED