

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

06 MAY -1 AM 11:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000018485

1. Entity Name  
ANYTIME CONCRETE, INC.



Principal Place of Business  
4453 WOODVILLE HWY  
TALLAHASSEE, FL 32305 US

Mailing Address  
POST OFFICE BOX 5768  
TALLAHASSEE, FL 32314 US



04202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number  
59-3301989

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BARNETT, JOHN C  
2208 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303

**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

*John C. Barnett*

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

(NOTE: Registered Agent signature required when reinstating)

4/28/06

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
BARNETT, JOHN C  
2208 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
REGISTER, DENNIS L  
2420 BASSWOOD LANE  
TALLAHASSEE, FL 32308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
BARNETT, LESLEY E  
2208 MONTICELLO DRIVE  
TALLAHASSEE, FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400074323274  
05/10/06--01005--019 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

*John C. Barnett*

John C. BARNETT

4/28/06

850.877-2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #