

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

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CR2E034 (11/05)

4. FEI 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* DATE: 4/28/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAY

**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	DP
NAME	BARNETT, JOHN C
STREET ADDRESS	2208 MONTICELLO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	DVP
NAME	REGISTER, DENNIS L
STREET ADDRESS	2420 BASSWOOD LANE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	DST
NAME	BARNETT, LESLEY E
STREET ADDRESS	2208 MONTICELLO DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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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 DATE: 4/28/06 DAYTIME PHONE #: 850.877-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY DAYTIME PHONE #