


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P95000025595 1. Entity Name CUMBIE CONCRETE COMPANY					
Principal Place of Business 4871 WOODLANE CIRCLE TALLAHASSEE, FL 32301				Mailing Address 4871 WOODLANE CIRCLE TALLAHASSEE, FL 32301	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 32303		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 32303			
4. FEI Number 59-3321747				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07072004 Chg-P CR2E034 (10/03) <i>Ja</i>	
6. Name and Address of Current Registered Agent FAIRCLOTH, SANDRA 228 FRANCIS MAPLES DRIVE TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Terry K Utter Street Address (P.O. Box Number is Not Acceptable) 4871 Woodlane Circle City State Zip Code Tallahassee FL 32303	
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: <i>Terry K Utter</i> Terry K Utter July 7 2004 DATE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CUMBIE, B.T. 8649 COACH ROAD TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Doris Cumbie 8649 Coach Road Tallahassee FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPFO FAIRCLOTH, SANDRA 228 FRANCIS MAPLES DRIVE TALLAHASSEE, FL 32310	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Terry K Utter 1312 Nyllic Street # D Tallahassee Florida 32304 2191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDO SMITH, ALEX H 6517 SAYLERS CREEK ROAD TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>Terry K Utter</i> Terry K Utter July 7 2004 850 562 3239 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
 04 AUG 12 PM 1:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

