

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90005 028 ***150.00

DOCUMENT # P95000052743

1. Entity Name
CONCRETE FORMING BY JOHN, INC.



Principal Place of Business
**6940 SW 10TH COURT
PEMBROKE PINES, FL 33023**

Mailing Address
**6940 SW 10TH COURT
PEMBROKE PINES, FL 33023**

90005



2. Principal Place of Business

3. Mailing Address

6627 GAVIOTA, CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02042006 Chg-P CR2E034 (11/05)

City & State

City & State

FT. PIERCE, FL

4. FEI Number
65-0600387

Applied For
Not Applicable

Zip

Country

Zip

Country

34951

USA.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUZICKA, JOHN
6940 SW 10TH COURT
PEMBROKE PINES, FL 33023**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME **RUZICKA, JOHN**
STREET ADDRESS **6940 SW 10TH COURT**
CITY-ST-ZIP **PEMBROKE PINES, FL 33023**

TITLE ☐ Change ☐ Addition
NAME **PD RUZICKA, JOHN**
STREET ADDRESS **6627 GAVIOTA, CT.**
CITY-ST-ZIP **FT. PIERCE, FL 34951.**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-4-06

772-461-1627