

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P95000052743**

1. Entity Name  
**CONCRETE FORMING BY JOHN, INC.**



**FILED  
Feb 26, 2007 8:00 am  
Secretary of State**

02-26-2007 90048 030 \*\*\*150.00

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

Mailing Address

**6627 GAVIOTA CT  
FORT PIERCE, FL 34951**

2. Principal Place of Business - No P.O. Box #  
**6627 GAVIOTA, CT**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**FT. PIERCE, FL**

City & State

Zip

**34951**

Country

**USA**

Zip

Country

4. FEI Number  
**65-0600387**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

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

Name **RUZICKA, JOHN**

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

**6627 GAVIOTA, CT**

City

**FT. PIERCE**

FL

Zip Code  
**34951**

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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RUZICKA, JOHN 6627 GAVIOTA CT FORT PIERCE, FL 34951</b>	<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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 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 D. Ruizicka*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-20-07*

*772-461-1627*

Date

Daytime Phone #