


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000061932**


1. Entity Name  
**ACTION CONCRETE INC.**



Principal Place of Business      Mailing Address

927 NE JENSEN BEACH BLVD      927 NE JENSEN BEACH BLVD  
 JENSEN BEACH, FL 34957 US      JENSEN BEACH, FL 34957 US

**DO NOT WRITE IN THIS SPACE**



02022004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0600425</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

VELING, GORDON H  
 927 NE JENSEN BEACH BLVD.  
 JENSEN BEACH, FL 34957

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BALZER, JOHN
STREET ADDRESS	1500 NE 35TH STREET
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	VELING, GORDON H
STREET ADDRESS	2335 NW BAY COLONY DRIVE
CITY-ST-ZIP	STUART, FL 34994
TITLE	D
NAME	GIL, ARMANDO
STREET ADDRESS	1708 HAVANA AVE.
CITY-ST-ZIP	FT PIERCE, FL 34950
TITLE	D
NAME	ESQUIVEL, MANUEL
STREET ADDRESS	801 REVELS LANE
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	D
NAME	STANTON, NELL
STREET ADDRESS	3373 NE INDIAN DR.
CITY-ST-ZIP	JENSEN BEACH, FL 34957
TITLE	D
NAME	RAMIREZ, JESUS
STREET ADDRESS	3112 SUNRISE BLVD.
CITY-ST-ZIP	FT. PIERCE, FL 34982

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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:** *John H Balzer*      **John H Balzer**      2/2/04      772-263-9071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #