

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90813 001 ***750.00

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03302005 Chg-P CR2E034 (10/03)

DOCUMENT # P95000074938					
1. Entity Name RUSS ASAY CONCRETE SERVICES, INC.					
Principal Place of Business 7066 LAKE ISLAND DR LAKE WORTH, FL 33467			Mailing Address 7066 LAKE ISLAND DR LAKE WORTH, FL 33467		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0612829	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ASAY, RUSSELL J 7066 LAKE ISLAND DR LAKE WORTH, FL 33467				7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ASAY, RUSSELL J 7066 LAKE ISLAND DR LAKE WORTH, FL 33467	<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 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 persons.					
SIGNATURE: <i>Charles M. Diveto, Jr.</i>		CHARLES M. DIVETO, JR., CPA, PA CERTIFIED PUBLIC ACCOUNTANT 7495 N. W. 4th STREET PLANTATION, FLORIDA 33317			
		Date: 4/8/05 (954) 321-6300 Daytime Phone #			