## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 02, 2006 8:00 am Secretary of State

DOCUMENT # P95000083127  1. Entity Name DAVID GRUBBS CONCRETE, INC.					02-02-2006 90041 049 ***150.00				
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Principal Place of Business 1223 70 DRIVE EAST SARASOTA, FL 34243			Mailing Address 1223 70 DRIVE EAST SARASOTA, FL 34243		-	. 15161 Sell Sell Sell Sell	14 <b>88</b> 144 48148 11181 711		
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01202006	Chg-P	CR2E034 (	[11/05)	
City & State		City & State			4. FEI Numbe 65-061			+	plied For t Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		. <b>75</b> Add Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
GRUBBS, DAVID (1923) 1223 70 DRIVE EASE (1923) SARASOTA, FL 34243				Street Address (P.O. Box Number is Not Acceptable)					
SARASUTA, FE 34245									
l d				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 planted name of registered agent and attle 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 \$5.00 May 8e  Trust Fund Contribution.   Added to Fees									
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIF	RECTORS	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP								Change	☐ Addition
TITLE	SARASOTA, FL 34243 CIN							Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP				IE EET ADORESS '-SY-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			-			Change -	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		· 1				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta		<b>I</b>				Change	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 cett; 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 attactprefit with an address, with all origin like into provide a control of the corporation of t									