


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90086 047 ***158.75

DOCUMENT # P95000087971

1. Entity Name
MEISER CONCRETE SYSTEMS, INC.



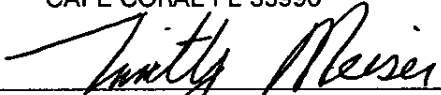
Principal Place of Business Mailing Address
1238 S.E. 24TH AVENUE **1238 S.E. 24TH AVENUE**
CAPE CORAL FL 33990 **CAPE CORAL FL 33990**

2. Principal Place of Business 3. Mailing Address
15150 Shamrock Dr. **15150 Shamrock Drive**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Ft. Myers, Florida **Fort Myers, Florida**
 Zip Country Zip Country
33912 **Lee** **33912** **Lee**

4. FEI Number Applied For
65-0648922 Not Applicable

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

6. Name and Address of Current Registered Agent
MEISER, TIMOTHY
1238 S.E. 24TH AVENUE
CAPE CORAL FL 33990


7. Name and Address of New Registered Agent
 Name **Timothy Meiser**
 Street Address (P.O. Box Number is Not Acceptable)
15150 Shamrock Drive
 City **Ft. Myers** **FL** Zip Code **33912**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MEISER, TIMOTHY	
STREET ADDRESS	1238 S.E. 24TH AVENUE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MEISER, CRISTINE	
STREET ADDRESS	1238 SW 24 TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TODD, MEISER	
STREET ADDRESS	1238 SW 24TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Cristine Meiser Sec/Treasurer Cristine Meiser 3/15/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (239) 229-8006



MOORE CR2E034 (11/03)