2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # P96000034866 **Secretary of State** 1. Entity Name POSITIVE CONCRETE, INC. Principal Place of Business Mailing Address 18514 16TH AVENUE ORLANDO FL 32833 18514 16TH AVENUE ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 59-3375238 Not Applicat Zìp Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, CALVIN E Street Address (P.O. Box Number is Not Acceptable) 18514 16TH AVE. ORLANDO FL 32833 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered of florida. the obligations of registered agent. SIGNATURE Signature Typed til privited maria of registe ed agent and title if applicable (NOTE Registered Agent signature required when roustaining) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DILE PSTD Delete HILE Change 🔲 👫 MAME GARDNER, CALVIN E NAME STREET ADDRESS 18514 16TH AVENUE STREET ADDRESS 1100000450350 CITY-ST-ZIP ORLANDO FL 32833 City-St-70 <u>03,410,406-80002-008-15</u>0.**00** TITLE Detete THT F ☐ Change i 🔲 👫 MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Delete THLE ☐ Change □ Add NAtat NAME STREET ADDRESS STRUET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TATLE ☐ Change [T] A4 MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TIT) F ☐ Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C)7Y -ST-2)P TITLE ☐ Defete MILE ☐ Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informindicated 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 of direction 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

l & Sol

CALVIN E. GARONER 2/25/04 (407) 493-6903

**FILED** 

Feb 27, 2006 08:00 AM