

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90016 010 ***150.00

DOCUMENT # P96000055838

1. Entity Name
CONCRETE UNLIMITED, INC.



40076441



Principal Place of Business
**3540 FOREST HILL BLVD.
#203
WEST PALM BEACH, FL 33406**

Mailing Address
**3540 FOREST HILL BLVD.
#203
WEST PALM BEACH, FL 33406**

2. Principal Place of Business - No P.O. Box #
6950 Cleary Pines Tr
Suite, Apt. #, etc.

3. Mailing Address
6950 Cleary Pines Tr
Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State
WPalm Beach, FL
Zip
33413 Country

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WPalm Beach FL
Zip
33413 Country

4. FEI Number
65-0676812 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEE, ROBERT A
3540 FOREST HILL BLVD
#203
WEST PALM BEACH, FL 33406**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
6950 Cleary Pines Trail
City **WPalm Beach** FL Zip Code **33413**

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 Robert A. Lee DATE 4/18/08
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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEE, ROBERT A	
STREET ADDRESS	3540 FOREST HILL BLVD. #203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	DENTRY, DEBORAH A	
STREET ADDRESS	3540 FOREST HILL BLVD #203	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6950 Cleary Pines Tr	
STREET ADDRESS	WPalm Beach FL 33413	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	465 Derrick Lane	
STREET ADDRESS	Greenville TN 37743	
CITY-ST-ZIP		
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		
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 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 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: Deborah A Dentry Deborah A Dentry 4/18/08 561.433.4810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #