2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Sep 02, 2004 8:00 am Secretary of State **DOCUMENT # P96000064483** 09-02-2004 90073 014 ***550.00 1. Entity Name LL & J CONCRETE, INC. Mailing Address Principal Place of Business 5275 SE 103RD LANE PO BOX 3846 BELLEVIEW, FL 34420 BELLEVIEW, FL 34421 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08272004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For APPLIED FOR 59 3398482 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name WEST, LEVI N Street Address (P.O. Box Number is Not Acceptable) 5275 SE 103RD LN. BELLEVIEW, FL 34420 City Zip Code 8. The above named entity somits 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 regis red agent. <u>8-30-04</u> vest SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. П Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PVST ☐ Delete TITLE ☐ Change ☐ Addition WEST, LEVI N NAME MAME STREET ADDRESS 5275 SE 103RD LN STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-S1-ZIP CITY-ST-ZIP Delete ☐ Change TITLE ☐ Addition me NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Ti71E ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 oddress, with all other like empowered. ev. West 8-30-04 352-347-98

FILED