

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000070919**

1. Entity Name  
**EASTMAN CONCRETE, INC.**



Principal Place of Business

2685 POICIANA DR  
POST OFFICE BOX 11822  
NAPLES, FL 34101 US

Mailing Address

2685 POICIANA DR  
POST OFFICE BOX 11822  
NAPLES, FL 34101 US

**DO NOT WRITE IN THIS SPACE**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0697490**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

EASTMAN, LINDA  
2685 POICIANA DR  
NAPLES, FL 34105

**DO NOT WRITE  
IN THIS SPACE**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000033682  
03/10/04-80049-010 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
EASTMAN, MICHAEL S  
3673 KENT DRIVE  
NAPLES, FL 34112

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
EASTMAN, LINDA  
2685 POICIANA DR  
NAPLES, FL 34101

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
EASTMAN, ROGER A  
2685 POICIANA DR  
NAPLES, FL 34105

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:

*Michael S Eastman* michael s Eastman

3/7/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #