


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000070919</b> 1. Entity Name EASTMAN CONCRETE, INC.	
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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
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<b>DO NOT WRITE IN THIS SPACE</b>
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01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0697490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  EASTMAN, LINDA 2685 POICIANA DR NAPLES, FL 34105
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<b>DO NOT WRITE IN THIS SPACE</b>
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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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	

<p>U00000614787 02/06/07-80046-001 150.00</p>          <b>DO NOT WRITE IN THIS SPACE</b>
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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:** Michael S Eastman 1-30-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #