


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90163 045 \*\*\*150.00

<b>DOCUMENT # P96000100082</b> 1. Entity Name <b>METRO CONCRETE CONSTRUCTION INC.</b>					
Principal Place of Business <b>222 INDUSTRIAL BLVD STE 199 NAPLES FL 34104 US</b>			Mailing Address <b>222 INDUSTRIAL BLVD STE 199 NAPLES FL 34104 US</b>		
2. Principal Place of Business <b>5160 Sycamore Dr. Suite, Apt. #, etc. Naples, FL City &amp; State 34119</b>		3. Mailing Address <b>6017 Pine Ridge Rd. Suite, Apt. #, etc. #137 Naples FL City &amp; State 34119</b>			
Zip <b>34119</b>		Country <b>collier</b>		Zip <b>34119</b>	
Country <b>collier</b>		4. FEI Number <b>65-0723895</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>ROUGHGARDEN, GREGORY 5160 SYCAMORE DRIVE NAPLES FL 34119</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 accept the obligations of registered agent. SIGNATURE <u><i>Gregory B. Roughgarden</i></u> <b>Gregory B. Roughgarden</b> <u>3-2-05</u> <b>3-2-05</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ROUGHGARDEN, GERGORY</b> <b>5160 SYCAMORE DRIVE</b> <b>NAPLES FL 34117</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>ROUGHGARDEN, DAINA L</b> <b>5160 SYCAMORE DRIVE</b> <b>NAPLES FL 34119</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 another like empowered.					
<b>SIGNATURE:</b> <u><i>Gregory B. Roughgarden</i></u> <b>3-2-05 239352-4441</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					