2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Jan 30, 2004 8:00 am **Secretary of State** DOCUMENT # P97000015050 1. Entity Name 01-30-2004 90084 017 ***150.00 LENGACHER/MCGARRY CONCRETE CONSTRUCTION, INC. Principal Place of Business Mailing Address 13512 2ND AVE NE BRADENTON FL 34212 13512 2ND AVE NE BRADENTON FL 34212 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0729851 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARRY, TIM Street Address (P.O. Box Number is No. 2700 PROSPECT ST SARASOTA FL 34239 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 DTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. LANGACKER LANRY 1807 MOCCASIN 11.11 TITLE ☐ Delete TITLE Change ☐ Addition NAME LENGACHER, LARRY D NAMÉ MOCCASIN HOHOW RO STREET ADDRESS 2700 PROSPECT ST STREET ADDRESS SARASSTA, FL. 34040 SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE MC GARRY, TIMOTHY NAME NAME STREET ADDRESS 13512 2ND AVE NE STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34212** CITY-ST-ZIP LENGACHER WILLIAM 13512 2Nd AVE NE Change ☐ Addition Delete TITLE TITLE NAME NAME. : LEGACHER,-WILLIAM ---STREET ADDRESS 2700 PROSPECT ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34239 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE F ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Davime Phone #