

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 13, 2004 8:00 am**  
**Secretary of State**

09-13-2004 90118 001 \*\*\*300.00

**66433566**



07152004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000031611</b> 1. Entity Name <b>CONCRETE SAND, INC.</b>					
Principal Place of Business <b>8030 HWY 77</b> <b>PANAMA CITY, FL 32409 US</b>			Mailing Address <b>P O BOX 8495</b> <b>SOUTHPORT, FL 32409 US</b>		
2. Principal Place of Business <b>8030 Hwy 77</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Panama City, FL</b> Zip <b>32409</b> Country <b>US</b>		City & State Zip Country		4. FEI Number <b>59-3461004</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SIKES, HUBERT L JR.</b> <b>8030 HWY 77</b> <b>SOUTHPORT, FL 32409</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 _____ <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>Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SIKES, HUBERT L JR</b> <b>8030 HWY 77</b> <b>SOUTHPORT, FL 32409</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SIKES, LEE ANN</b> <b>8030 HWY 77</b> <b>SOUTHPORT, FL 32409</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Sikes, H.L. Sr.</b> <b>8030 Hwy 77</b> <b>Southport, FL 32409</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>WILHITE, JUDY</b> <b>7143 COE RD.</b> <b>PANAMA CITY, FL 32404</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Sandra Nelson</b> <b>14123 Ashton Way</b> <b>Southport, FL 32409</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Lee A. Sikes</b> <b>8030 Hwy 77</b> <b>Southport, FL 32409</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 all other like empowered.					
<b>SIGNATURE:</b> <b>Hubert L. Sikes Jr.</b> <b>9/3/04</b> <b>850-265-4564</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					