

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 31, 2004 8:00 am**  
**Secretary of State**

03-31-2004 90038 005 \*\*\*150.00

|   |   |   |  |
|---|---|---|--|
| <b>DOCUMENT # P97000064276</b><br>1. Entity Name<br><b>LEONARD ROTH CONCRETE, INC.</b>  |   |   |  |
| Principal Place of Business<br><b>16801 US HWY 301<br/>#34<br/>SUMERFIELD FL 34491</b>  |   | Mailing Address<br><b>16801 US HWY 301<br/>#34<br/>SUMERFIELD FL 34491</b>  |  |
| 2. Principal Place of Business<br><b>16901 US Hwy 301<br/>Suite, Apt. #, etc. #34</b>   |   | 3. Mailing Address<br><b>16901 US. Hwy 301<br/>Suite, Apt. #, etc. #34</b>  |  |
| City & State<br><b>Summerfield, FL</b>  |   | City & State<br><b>Summerfield, FL</b>  |  |
| Zip<br><b>34491</b>   |   | Zip<br><b>34491</b>   |  |
| Country<br><b>US</b>  |   | Country<br><b>US</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>TUCCI, GREGORY E<br/>225 NE 8TH AVE<br/>OCALA FL 34470</b>  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>ROTH, LEONARD</b><br><b>16801 US HWY 301, #34</b><br><b>SUMERFIELD FL 34491</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>16901 US. Hwy 301 #34</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D <input type="checkbox"/> Delete<br><b>ROTH, LAURA</b><br><b>16801 US HWY 301, #34</b><br><b>SUMERFIELD FL 34491</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>16901 US. Hwy 301 #34</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>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> <i>Leonard Roth</i>   |   | <b>3-29-04 352-341-8071</b>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date Daytime Phone #  |  |

34040746



MOORE CR2E034 (11/03)