## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000089336

Address:

City-St-Zip:

8641 OLIVER RD

ZEPHYHILLS, FL 33540

FILED Jan 07, 2004 Secretary of State

Entity Nan	ne: IDC CONC	CRETE AND ALUMINIUM, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
P. O. BOX ( OVIEDO, F	620503 L 327620503	US					
Current Mailing Address:			New Mailing Address:				
P. O. BOX ( OVIEDO, F	620503 L 327620503	US					
FEI Number:	59-3474933	FEI Number Applied For()	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
SHULL, RC 1356 TWIN OVIEDO, F	RIVERS BLV						
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered	office or registered agent, or both,		
SIGNATUR	RE:						
	Electroni	c Signature of Registered Agen	t		Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SHULL, ROGER 1356 TWIN RIVE OVIEDO, FL 32	ERS BLVD.	Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () VOLD, DAVID 802 PINETREE DELAND, FL 32		Title: Name: Address: City-St-Zip:	(	) Change ()Addition		
Title: Name: Address: City-St-Zip:	S () WHITNEY, AARO 6545 FORBES F ZEPHYRHIILLS,	RD.	Title: Name: Address: City-St-Zip:	S () BUSMAN, PHII 3584 KAYLA O OVIEDO, FL 3	CIR		
Title: Name:	T () ARRINGTON, DA	Delete NIEL J	Title: Name:	T () ARRINGTON,	X) Change()Addition DANIEL J		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

14102 HARBOUR VISTA CIR

ST AUGUSTINE, FL 32080

SIGNATURE: ROGER W SHULL Ρ 01/07/2004