2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90067 015 ***150.00

| DOCUMENT # P9700094500 1. Entity Name E L SHEARER CONCRETE & MASONRY, INC. | | | | 04-22-2004 90067 015 ***150.00 |
|---|--|--|---------------------------------------|--|
| Principal Place of Business 2165 DUNCAN DRIVE BELLAIR BLUFFS, FL 33770 | | Mailing Address 2165 DUNCAN DRIVE BELLAIR BLUFFS, FL 3377 | 70 | 24051436 |
| 2. Principal Place of Business 8311 63rd Way N. Suite, Apt. #, etc. | | 3. Mailing Address 8311 63rd Way N Suite, Apt. #, etc. | | 04142004 Chg-P CR2E034 (10/03) |
| | s Park, FL. | City & State Pinellas Park, Zip | FT | 4. FEI Number Applied For 59-3480995 Not Applicable |
| Zip 33781 | USA | 33781 | USA | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current R | egistered Agent | Name | 7. Name and Address of New Registered Agent |
| SHEARER, EDWIN L 2165 DUNCAN DRIVE BELLAIR BLUFFS, FŁ 33770 | | | | ss (P.O. Box Number is Not Acceptable) 3rd Way N. |
| | | | City Pine | nellas Park FL Zip Code 33781 |
| 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | |
| | E NOW!!!: FEE IS \$150.00 ay 1, 2004 Fee will be \$550.0 | 9. Election Campaign f Trust Fund Contribut | ~ _ ~ | \$5.00 May Be added to Fees |
| 10. | OFFICERS AND D | HRECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SHEARER, EDWIN L 2165 DUNCAN DR BELLAIR BLUFFS, FL 33770 | ☐ Delete | NAME STREET ADORESS | President Shearer Jr, Edwin L. 8311 63rd Way N., Pinellas Park, FL.337 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE - NAME STREET ADDRESS CITY-ST-ZIP | ent of the second of the secon | ☐ Delete : | NAME STREET ADDRESS CITY-ST-ZIP | Change - 1 Addition : |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addition |
| indicated of the cor | on this report or supplemental report is | true and accurate and that my s wered to execute this report as r | ignature shall have th | Section 119.07(3)(i), Florida Statutes. I further certify that the information he same legal effect as if made under oath; that I am an officer or director 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if |

SIGNATURE: _

4/14/04

727-548-7959