

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000100483

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: PRESTRESSED CONTRACTORS, INC.

## Current Principal Place of Business:

15609 69TH DR. N.  
PALM BEACH GARDENS, FL 33418

## New Principal Place of Business:

## Current Mailing Address:

15609 69TH DR. N.  
PALM BEACH GARDENS, FL 33418

## New Mailing Address:

FEI Number: 65-0793406

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONROY, WESLEY  
15609 69TH DR N  
PALM BEACH GARDENS, FL 33418 US

## Name and Address of New Registered Agent:

BROWNE, ROSEMARY  
15609 69TH DR N  
PALM BEACH GARDENS, FL 33418 US

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.

SIGNATURE: ROSEMARY BROWNE

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: CONROY, MICHAEL L  
Address: 15609 69 DR N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: VP ( ) Delete  
Name: RITCHIE, DAVID  
Address: 721 EAST RIVER DR.  
City-St-Zip: MARGATE, FL 33063

Title: ST ( ) Delete  
Name: BROWNE, ROSEMARY  
Address: 15609 69TH DR N  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: ROSEMARY BROWNE

ST

03/24/2009

Electronic Signature of Signing Officer or Director

Date