

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000100483

**FILED**  
**Jan 23, 2012**  
**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:**

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

**FEI Number:** 65-0793406

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: ROSEMARY BROWNE

ST

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date