

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000104792

1. Entity Name
PACE CONCRETE, INC.



Principal Place of Business
**23913 BLUE GEM LANE
HOWEY-IN-THE-HILLS, FL 34737**

Mailing Address
**P.O BOX 837
APOPKA, FL 32704**



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3481557	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PACE, RICHARD
23901 BLUE GEM LANE
HOWEY IN THE HILLS, FL 34737**

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000879124
04/15/08-80007-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PACE, RICHARD
STREET ADDRESS	23901 BLUE GEM LANE
CITY - ST - ZIP	HOWEY IN THE HILLS, FL 34737

TITLE	VP
NAME	MAYNARD, DUANE
STREET ADDRESS	23907 BLUE GEM LANE
CITY - ST - ZIP	HOWEY IN THE HILLS, FL 34737

TITLE	T
NAME	MAYNARD, NICOLE
STREET ADDRESS	23907 BLUE GEM LANE
CITY - ST - ZIP	HOWEY IN THE HILLS, FL 34737

TITLE	S
NAME	BURDICK, KEVIN
STREET ADDRESS	2719 NOVA DRIVE
CITY - ST - ZIP	APOPKA, FL 32703

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

Nicole Maynard
Nicole Maynard

3/28/08 (352) 324-2582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #