

2006 **FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90377 012 ***150.00

DOCUMENT # P98000023356

1. Entity Name

BR Concrete, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4460 Packard Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 70040

Suite, Apt. #, etc.

City & State

ST. Cloud, FL

Zip 34772

Country OSceda

City & State

ST. Cloud, FL

Zip 34770

Country OSceda

4. FEI Number

59-3497134

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME Rowe, Brent
STREET ADDRESS P.O. Box 100040
CITY-ST-ZIP ST. Cloud, FL 34770

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IN THIS SPACE**

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

SIGNATURE

Brent Rowe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 407-892-0095

Date

Daytime Phone #