200 6 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P98000023356 BR Concrete, Inc



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

04-24-2006 90377 012 ***150.00

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2. Principal Place of Business VH LOD Packard RV Sulle, Apt. etc. Sulle, A
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ST. CLOCK Zip. 34772 Country OSCecLa Zip. 34770 Status Desired Street Address of Current Registered Agent Name 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 Repet or printed rame of registered agent and title if applicable (NOTE Registered Agent signature required when removaling) After May 1, Fee is \$150.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS STREET ADDRESS CITY-S1-ZIP TITLE STREET ADDRESS STR
34770 CSCecla 34770 CSCecla 5. Certificate of Status Desired Fee Required Fee Required Fee Required To Name and Address of Current Registered Agent Name 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Fee Required Agent signature required when remissioning Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-2P
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IN THIS SPACE City FL Zip Code 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 Signature, typed or printed name of registered agent and sitle if applicable (NOTE Registered Agent signature required when remistating) DATE January 1 - May 1 Fee is \$150.00 After 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 10. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE
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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 empowed 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: 2

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-04 407-892-0095