


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90109 010 ***150.00

DOCUMENT # P98000023356		
1. Entity Name BR CONCRETE, INC.		
Principal Place of Business 4460 PACKARD AVE. SAINT CLOUD FL 34772		Mailing Address P O BOX 700040 SAINT CLOUD FL 34770
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	
6. Name and Address of Current Registered Agent		
<div style="display: flex; align-items: center;"> <div style="text-align: center;"> <p>Rowe BRENT 4460 PACKARD AVE. SAINT CLOUD FL 34772</p> </div> <div style="margin-left: 20px;"> <p>← Brent Rowe</p> </div> </div>		
8. The above named entity submits this statement the obligations of registered agent.		

1st MOORE CR2E034 (10/06)

Number **59-3497134** Applied For
Not Applicable

ificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

ie and Address of New Registered Agent

(number is Not Acceptable)

FL Zip Code

or both, in the State of Florida. I am familiar with, and accept

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROWE, BRENT P O BOX 700040 SAINT CLOUD FL 34770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Brent Rowe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-07 407-892-0015
Date Daytime Phone #