

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT# P98000049128 1. EntityName THROWER CONCRETE, INC.	
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PrincipalPlaceofBusiness 5380 DESOTO ROAD SARASOTA, FL 34235	MailingAddress 5380 DESOTO ROAD SARASOTA, FL 34235
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DO NOT WRITE IN THIS SPACE

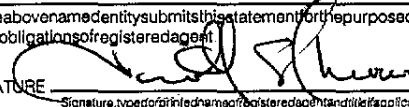


02242005 NoChg-P CR2E034(10/03)

4. FEINumber 65-0840833	☐ AppliedFor ☐ NotApplicable
5. CertificateofStatusDesired ☐	\$8.75 Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent THROWER, T S 5380 DESOTO ROAD SARASOTA, FL 34235	DO NOT WRITE IN THIS SPACE
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8. Theabovenameentitysubmits 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 obligation of registered agent.

SIGNATURE  **DATE** 3-27-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required on new installation)

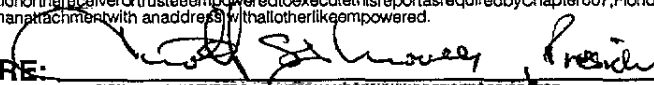
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THROWER, T S 5380 DESOTO ROAD SARASOTA, FL 34235
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03/30/05-80059-008 150.00

DO NOT WRITE 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)(f), 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:  **DATE** 3-27-05 **Daytime Phone#** 941-351-3446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR