## 2005 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 10, 2005 08:00 AM DOCUMENT # P98000061224 **Secretary of State** 1. Entity Name TOLER CONCRETE INCORPORATED Mailing Address Principal Place of Business TOLER CONCRETE 2386 URSULA AVE. PENSACOLA, FL 32526 PENSACOLA, FL 32526 CR2E034 (10/03) 01052005 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3165407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TOLER, MELVIN A DO NOT WRITE 2386 URSULA AVE. PENSACOLA, FL 32526 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Ejection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U00000176899 01/11/05-80015-012 150.00 TOLER, MELVIN A NAME STREET ADDRESS 2386 URSULA LN PENSACOLA, FL 32526 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP 71717 NAME

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR