2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 13, 2006 08:00 AM Secretary of State **DOCUMENT # P98000061224** TOLER CONCRETE INCORPORATED Mailing Address Principal Place of Business TOLER CONCRETE 2386 URSULA AVE. PENSACOLA, FL 32526 PENSACOLA, FL 32526 CR2E034 (11/05) 01122006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3165407 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE TOLER, MELVIN A 2386 URSULA AVE. PENSACOLA, FL 32526 IN THIS SPACE 8. The above named emity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida |) am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE TOLER, MELVIN A NAME 2386 URSULA LN STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 H0000004664**06** TATLE 03/23/06 08010-008 158.75 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

CITY-ST-ZIP
TITLE
NAME
STREET ACCRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

MONATURE AND FIFED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-06
Date Dayling Phone

FILED