2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000088861

1. Entity Name

DAN'S CONCRETE SERVICE, INC.



Principal Place of Business

939 ORANGEWOOD RD JACKSONVILLE, FL 32259 Mailing Address

939 ORANGEWOOD RD JACKSONVILLE, FL 32259

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FILED
May 07, 2007 08:00 AM
Secretary of State



01232007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3539483

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PINKERTON, DANNY E 939 ORANGEWOOD RD JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

			į	1171 11	TIS SPACE
	named entity submits this statement for the prices of registered agent.	urpose of changing its registere	ed office or r	egistered agent, 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: Registerer	d Agent signature	required when rematating)	DATE
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS		······································	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PINKERTON, DANNY 939 ORANGEWOOD ROAD JACKSONVILLE, FL 32259				000000762128 05/25/07-80084-025 150.00
TITLE NAME STREET ADDRESS CITY-SI-ZIP					03/23/01-00084-023 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO N	OT WRITE
TITLE NAME STREET ADDRESS I CITY-ST-ZIP				IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby 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;

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKRING OFFICER OR DIRECTOR

<u>5-4-07</u>

Davime Phone #