2004_FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

Feb 09, 2004 8:00 am Secretary of State DOCUMENT # P98000092438 1. Entity Name 02-09-2004 90049 012 ***150.00 JEFF'S CONCRETE, INC. Principal Place of Business Mailing Address 24 VILLAGE DRIVE . ORMOND BEACH FL 32174 24 VILLAGE DRIVE **ORMOND BEACH FL 32174** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 59-3539944 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent IFFADY Brown BROWN, TIFFANY A Street Address (P.O. Box Number is Not Acceptable) 344 COLLINS ST Willage Drive ORMOND BEACH FL 32174 Zip Code 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. Many Blown (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Addition Jeffrey B Brown BROWN, JEFFREY B STREET ADDRESS 344 COLLING STREET STREET ADDRESS **ORMOND BEACH FL 32174** ormond Beach Fl 32174 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition RAUL S BEAUDOIN . 34 village Drive NAME BEAUDOIN, PAUL \$ NAME 344 COLLING ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP ormand Beach Change TITLE Delete TITLE ☐ Addition TIPANY A Brown BROWN, TIFFANY A NAME NAME 344 COLLING STREET STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32174 CITY-ST-7IP CITY-ST-ZIP ormand Beach ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

FILED