## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000095959

Entity Name: TALLAHASSEE REDI-MIX, INC

SCHREIBER, BRIAN P

LAKE CITY, FL 32055

871 NW GUERDON STREET

Name:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Littly Nan	ile. TALLATI	ASSEE REDI-IVIIA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	JERDON STI ′, FL 32055	REET			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX 1829 LAKE CITY, FL 320561829			P.O. BOX 1829 LAKE CITY, FL 3205	P.O. BOX 1829 LAKE CITY, FL 32055	
FEI Number:	59-3546404	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
METCALF, DAVID J 1677 MAHAN CENTER BLVD TALLAHASSEE, FL 32308 US			METCALF, DAVID J 871 NW GUERDON : LAKE CITY, FL 3205:		
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE:				04/14/2009	
	Electro	nic Signature of Registered Age	ent	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ANDERSON, J 871 NW GUER LAKE CITY, FL	DON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ANDERSON, J 871 NW GUER LAKE CITY, FL	DON STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D ( ANDERSON, E 871 NW GUER LAKE CITY, FL	DON STREET	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	ST (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BRIAN SCHREIBER SECR 04/14/2009