

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90091 048 \*\*\*150.00

**DOCUMENT # P99000000508**



1. Entity Name

DEHAAN CONCRETE, INC.

Principal Place of Business

PINELLAS COUNTY, FL  
LARGO FL 33771

Mailing Address

860 CORVETTE DRIVE  
LARGO FL 33771

2. Principal Place of Business

12550 FRANK DR. N

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1982

Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

SEMINOLE FL

City & State

LARGO FL

4. FEI Number

59-3558023

Applied For

Not Applicable

Zip

33776

Country

USA

Zip

33779

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEHAAN, JAMES F  
860 CORVETTE DRIVE  
CLEARWATER FL 33756

NEW  
ADDRESS →

7. Name and Address of New Registered Agent

Name JAMES F. DEHAAN

Street Address (P.O. Box Number is Not Acceptable)

12550 FRANK DR. N.

City SEMINOLE

FL

Zip Code  
33776

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.

SIGNATURE

*James F. DeHaan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DE HAAN, JAMES F	
STREET ADDRESS	860 CORVETTE DRIVE	
CITY-ST-ZIP	LARGO FL 33771-1109	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*James F. DeHaan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-17-06

727 410 5116

Date

Daytime Phone #