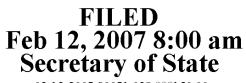
2007 FOR PROFIT CORPORATION ANNUAL REPORT





DOCUMENT # P9900002463 1. Entity Name ONECO CONCRETE & ASPHALT, INC.						02-12-2007	90071 038	3 ***15	0.00
Principal Place of Business 3141 27TH STREET E BRADENTON, FL 34208		Mailing Address P.O. BOX 367 ONECO, FL 34264		40013487					
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<u>.</u>	02062007	Chg-P	CR2E034	(12/06)	
City & State		City & State			4. FEI Numbe			_	plied For Applicable
Žìp			Country			of Status Desired	Fee	.75 Add Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
DORIS A. BUNNELL, P.A. 608 15TH STREET WEST				Street Address (P.O. Box Number is Not Acceptable)					
BRADENTON, FL 34205				· /**		W. P. P. W. B. W.			
\$				City			FL	Zip Code	
the obligati	parned entity submits this statement fons of registered agent. Signature, typod or printed name of registered agen		_	Office or register	_	h, in the State of Flo	orida. I am fam	iliar with,	and accept
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campai Trust Fund Cont		·	.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DI	RECTORS	3ŧN 11
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PVST JEFFERS, PAMELA 9815 42ND ST. E. PARRISH, FL 34219	☐ Delete	TITLE NAME STREET (CITY-ST	ADDRESS 1-ZIP] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEFFERS, ROBERT C JR 9815 42ND ST E PARRISH, FL 34219	☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			C	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS T- ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY: ST-ZIP		☐ Defete	TITLE NAME STREET CITY-ST	ADDRE\$\$ T-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	TITLE NAME STREET CITY-ST	ADDRESS T-ZIP) Change	Addition
indicated	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emi	is true and accurate and that r	my signatur	e shall have the	same legal effec	at as if made under o	bath; that I am	an officer	or director

changed, or on an arachmen with an address, with all other like empowered.

SIGNATURE: