2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR) DOCUMENT # P99000016064					FILED Feb 25, 2008 08:00 AN Secretary of State
WILLIE E	VANS CONCRETE, INC.				Secretary of Stat
Principal Place of Business 8189 LOCH LOMOND LANE JACKSONVILLE FL 32244		Mailing Address 8189 LOCH LOMOND LANE JACKSONVILLE FL 32244			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			T TRAVILLER TRAVILLE TRAVILLER SOM SOM SOM SOM CONTRACTORS AND SAME SAME SAME SAME SAME SAME SAME SAME
Suite, Apt. #, etc		Suite, Apt #, etc.			1st MOORE CR2E034 (10/07)
City & State		City & State			4. FEI Number 59-3560281 Applied For Not Applicable
Zıp	Country	Zıp	Countr	У	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and Address of New Registered Agent
EVA 818	NS, WILLIE L 9 LOCH LOMOND LN.		 		(P.O. Box Number is Not Acceptable)
	KSONVILLE FL 32244			·	·
				City	FL Zip Code
 The above the obligat 	named entity submits this statement from of registered agent.	or the purpose of changing	its registered	d office or register	ered agent, or both, in the State of Florida. I am familiar with, and accept
	Signature. Iyped or crimted hame of registered agen		OTE Registered a	Agent signature required	ed when remetating) DATF
After	ILE NOW III FEE IS \$150.00 a May 1, 2008 Fee Will Be \$550.0 < Payable to Florida Department of	0			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10. 11TLE	OFFICERS AND		11. TITLE	·····	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
	EVANS, WILLIE L 412 FEDERAL HILL RD ORANGE PARK FL 32073		NAME	ADORESS IT ZIP	
TITLE NAME STREFT ADDRESS CITY+ ST-7IP		Derete	TITLE NAME STRFET CITY-S	ADDRESS T-2IP	Change Addition U00000835839 02/29/08-80049-025 150.00
ITTLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	Change Addition
ITTLE NAME STREET ADDRESS GITY-ST-ZIP		Delete	TIFLE NAME Street City-S	ADORESS T- ZIP	Change 🛄 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		🗌 Deiele	TITLE NAME Streef City-S	ADDRESS T- ZIP	Change Addition
TIFLE NAME STREET ADDRESS CITY - ST - ZIP		🗌 Delote	TITLE NAME STREET CITY-S	ADDRESS T- ZIP	🗋 Change 🔲 Addition
indicated	on this report or supplemental report i	s frue and accurate and the powered to execute this ren	t my signatu ont as requir	re shall have the s	ed in Section 119, Florida Statutes. I further certity that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 10 or Block 11
if changed	d, or on an attachment with an address	s with all ot en like empow	verea.		1.19.06 904.779/0/6