

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90392 017 ***158.75

DOCUMENT # P99000080236 1. Entity Name HUCKLEBERRY CONCRETE, INC.					
Principal Place of Business 4180 OLIVE AVENUE SARASOTA, FL 34231			Mailing Address PO BOX 15866 SARASOTA, FL 34277		
2. Principal Place of Business 3617 White Sulphur Place <small>Suite, Apt. #, etc.</small>		3. Mailing Address 3617 White Sulphur Place <small>Suite, Apt. #, etc.</small>			
City & State Sarasota Florida		City & State Sarasota Florida		4. FEI Number 65-0947021	
Zip 34232		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FIGLOW, BARBARA E 4180 OLIVE AVENUE SARASOTA, FL 34231		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3617 White Sulphur Place City Sarasota FL Zip Code 34232			
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 <u><i>Barbara E Figlow</i></u> DATE <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May-1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIGLOW, THOMAS B 4180 OLIVE AVENUE SARASOTA, FL 34231 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3617 White Sulphur Place Sarasota FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Barbara E Figlow</i></u> Barbara E Figlow, President <u>4/26/04</u> <u>9413796206</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					