


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90458 015 \*\*\*150.00

<b>DOCUMENT # P99000109265</b> 1. Entity Name <b>PRICE CONCRETE SERVICES, INC.</b>																													
Principal Place of Business <b>1694 TIMOCUAN WAY #</b> <b>LONGWOOD FL 32750</b> <i>1694 Timocuan Way</i>			Mailing Address <b>4024 TAMARISK WAY</b> <b>ORLANDO FL 32817</b>																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3617073</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>																									
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																									
6. Name and Address of Current Registered Agent  <b>PRICE, TAD</b> <b>4024 TAMARISK WAY</b> <b>ORLANDO FL 32817</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code																									
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D PRICE, TAD</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4024 TAMARISK WAY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO FL 32817</td> <td></td> </tr> </table>			TITLE	D PRICE, TAD	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	4024 TAMARISK WAY		CITY-ST-ZIP	ORLANDO FL 32817		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">Secretary</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Cindy Price</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4024 Tamarisk Way</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Orl. FL 32817</td> <td></td> </tr> </table>			TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Cindy Price		STREET ADDRESS	4024 Tamarisk Way		CITY-ST-ZIP	Orl. FL 32817	
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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:** *Tad Price* **Tad Price** 4/20/04 407) 834 4070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #