2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jan 31, 2006 08:00 AM DOCUMENT # P99000109501 **Secretary of State** 1. Entity Name BRET'S BLOCK AND CONCRETE, INC. Principal Place of Business Mailing Address 5771 SOUTH HILLS POINT 5771 SOUTH HILLS POINT LECANTO FL 34461 LECANTO FL 34461 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 65-0978199 Not Applica Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRENDA E WOOD AMERICAN ACCOUNTING Street Address (P.O. Box Number is Not Acceptable) 4509 BEE RIDGE RD STE C SARASOTA FL 34233 City 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. Lam familiar with, and accompanying the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent Signalure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TRUE ☐ Delete TYTLE ☐ Change ☐ A6. NAME SCHOETTNER, BRET A NAME U00000413199 02/10/06-00078-017 158.75 STREET ADDRESS STREET ADDRESS 5771 SOUTH HILLS POINT CITY-ST-ZIP LECANTO FL 34461 CITY-ST-ZIP THEE Defete BILE ☐ Å∰ NAME STEGMANN, KATRINA NANE STREET ADDRESS 5771 SOUTH HILLS POINT STREET ADDRESS C07Y-S7-77P LECANTO FL 34461 CUY-SI-ZIP 71725 ☐ Delote Lilij ☐ Change □ Att MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-21P TITLE ☐ Delete ☐ Change WE NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change TI ALL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 331LE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP

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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 informatic 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 direction 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bret A Schoether BRET A SCHOETTER 130/06 352613 1400