## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2004 8:00 am Secretary of State DOCUMENT # S48176 1. Entity Name 03-03-2004 90002 037 \*\*\*150.00 GAMBINO CONCRETE COMPANY, INC. Principal Place of Business Mailing Address P.O. BOX 290609 P.O. BOX 290609 PORT ORANGE FL 32129 PORT ORANGE FL 32129 2. Principal Place of Business 3. Mailing Address 2800 S. NOVA Rd Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3075701 South DAYTONA Not Applicable Country \$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 VICTORIA -GAMBINO, VICTORIA Street Address (P.O. Box Number is Not Acceptable) . 2800 S. NOVA ROAD **SOUTH DAYTONA FL 32119** . . 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 VICTORIA DEI RIO FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTSD **PSD** TITLE Delete TITLE Change ☐ Addition Del Rio, VICTORIA R GAMBINO, VICTORIA R NAME NAME 2800 5 . NOVA. Rd STREET ADDRESS 2800 S. NOVA ROAD STREET ADDRESS South DAY TONA FL 32119 CITY-ST-ZIP **SOUTH DAYTONA FL 32119** CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME GAMBINO, MICHAEL NAME 2800 S. NOVA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOTH DAYTONA FL 32119 CITY-ST-ZIP ☐ Delete Change Addition GAMBINO, CHARLES STREET ADDRESS 2800 SOUTH NOVA ROAD STREET ADDRESS CITY-ST-7IP **SOUTH DAYTONA FL 32119** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition GAMBINO, AARON NAME 2800 S NOVA ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SOUTH DAYTONA FL 32119 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED