

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90015 002 ***150.00

DOCUMENT # S48176

1. Entity Name

GAMBINO CONCRETE COMPANY, INC.



Principal Place of Business

2800 S NOVA RD.
K4
DAYTONA BEACH FL 32119
US

Mailing Address

P.O. BOX 290609
PORT ORANGE FL 32129
US



2. Principal Place of Business

5889 S. Williamson Blvd.

3. Mailing Address

Suite, Apt. #, etc.

1431

City & State

PORT ORANGE FL

Zip

32128

Country

USA

City & State

Zip

Country

4. FEI Number

59-3075701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

GAMBINO, CHARLES
2800S NOVA RD.
SOUTH DAYTONA FL 32119

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5889 S. Williamson Blvd # 1431

City

PORT ORANGE

FL

Zip Code

32128

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST ☐ Delete
NAME DELRIO, VICTORIA R
STREET ADDRESS 2800 S. NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE PD ☐ Delete
NAME GAMBINO, CHARLES
STREET ADDRESS 2800 SOUTH NOVA ROAD
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5889 S. Williamson Blvd # 1431
CITY-ST-ZIP PORT ORANGE FL 32128

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 5889 S. Williamson Blvd # 1431
CITY-ST-ZIP PORT ORANGE FL 32128

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

Victoria R Del Rio VICTORIA R Del Rio

3-3-06

386 -
788-3064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #