


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 FEB 16 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02/16/05

| | | | |
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| DOCUMENT # V03309 | |  | |
| 1. Entity Name FISHER CONCRETE, INC. | | | |
| Principal Place of Business POST OFFICE BOX 847 EAST PALATKA, FL 32131 | | Mailing Address POST OFFICE BOX 847 EAST PALATKA, FL 32131 | |
| 2. Principal Place of Business 6980 US 1 North Suite, Apt. #, etc. 108 Suite | | 3. Mailing Address 6980 US 1 North Suite, Apt. #, etc. Suite 108 | |
| City & State St. Augustine Florida | | City & State St. Augustine Florida | |
| Zip 32095 | | Zip 32095 | |
| Country ST. Johns | | Country ST. Johns | |
| 4. FEI Number 59-3287089 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required | | | |
| 5. Name and Address of Current Registered Agent FISHER, KEVIN EUGENE 147 S.R. 207 EAST PALATKA, FL 32131 | | 7. Name and Address of New Registered Agent Name Kevin Eugene Fisher Street Address (P.O. Box Number is Not Acceptable) 62 Sylvan Glen City San Mateo FL Zip Code 32187 | |
| 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 <i>[Signature]</i> DATE 2-4-05 | | | |
| FILE NOW! FEE IS \$300.00 | | In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | POT FISHER, KEVIN E 4 SYLVAN GLEN SAN MATEO, FL 32187 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 700047542257 03/02/05--01007--010 **300.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 reports 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 807, 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: <i>[Signature]</i> | | DATE: 2-4-05 964808-9970 | |