


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 11 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03309
1. Entity Name
FISHER CONCRETE, INC.



Principal Place of Business 6980 US 1 NORTH SUITE 108 ST.AUGUSTINE, FL 32095	Mailing Address 6980 US 1 NORTH SUITE 108 ST.AUGUSTINE, FL 32095
---	---

DO NOT WRITE IN THIS SPACE



02192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3287089	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, KEVIN E
102 SYLVAN GLEN
SAN MATEO, FL 32187

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

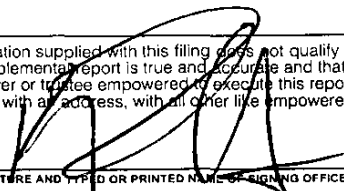
500104456795
07-01009-003 **200.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. FISHER, KEVIN E 4 SYLVAN GLEN SAN MATEO, FL 32187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. HACKBARTH, MONICA L 1589 LONG HORN RD MIDDLEBURG, FL 32068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 the report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4-9-07 DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR