


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90036 016 ***150.00

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



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc Suite, Apt. #, etc

City & State City & State

Zip Country Zip Country

4000



01142008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3287089 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
FISHER, KEVIN E
102 SYLVAN GLEN
SAN MATEO, FL 32187

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MR.	<input type="checkbox"/> Delete
NAME	FISHER, KEVIN E	
STREET ADDRESS	4 SYLVAN GLEN	
CITY-STATE-ZIP	SAN MATEO, FL 32187	
TITLE	MS.	<input type="checkbox"/> Delete
NAME	HACKBARTH, MONICA L	
STREET ADDRESS	1589 LONG HORN RD	
CITY-STATE-ZIP	MIDDLEBURG, FL 32068	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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 is a 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #