2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # V04764 1. Entity Name 02-06-2006 90076 031 ***150.00 JETT CONCRETE, INC. Principal Place of Business Mailing Address 629 CHARLES CARROL STREET ORANGE PARK FL 32073 629 CHARLES CARROL STREET ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3097833 Not Applicable Zip Country 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 JETT, CHARLES DONALD, SR. Street Address (P.O. Box Number is Not Acceptable) 629 CHARLES CARROL STREET ORANGE PARK FL 32073 1,29 CHANGES CARROL ST. City 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. President TITLE - Delete TITLE ■ Addition NAME JETT, PATRICK K. Jett, Patrick K. NAME 3261 Moody Ave STREET ADDRESS 3261 MOODY AVE STREET ADDRESS CITY-ST-ZIP **ORANGE PARK FL 32065** CITY-ST-7/P ORANGE PARK, FL 3:2065 Delete TITLE ☐ Addition ☐ Channe NAME HILLE, DAVID NAME STREET ADDRESS 629 CHARLES CARROL ST STREET ADDRESS CITY-ST-ZIP ORANGE PARK FL CITY-ST-ZIP TITLE ☐ Delete TITL F ☐ Change ■ Addition NAMI NAME SHIRLEY JETT STREET ADDRESS STREET ADDRESS 629 CHARLES CARROL ST. CITY-ST-7IP ORANGE PARK FL CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME JETT.CHARLES D SR NAME STREET ADDRESS 629 CHARLES CARROL STREET STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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. 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 suppliemental 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 of 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-25-06

FILED

Feb 06, 2006 8:00 am

Davome Phone #