2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# V28412

Entity Name: RIDENHOUR CONCRETE & SUPPLY, INC.

Current Principal Place of Business:

14058 MT. PLEASANT RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350729
JACKSONVILLE, FL 32235

New Mailing Address:

FEI Number: 59-3127581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIDENHOUR, RICKY J.
14058 MT. PLEASANT RD.
JACKSONVILLE, FL 32225 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	TORMOLLAN, ADAM	
Address:	1909 UNIVERSITY BLVD S, # 205	
City-St-Zip:	JACKSONVILLE, FL 32216	
Title:	AVD	( ) Delete
Name:	RIDENHOUR, DEBRA	
Address:	14058 MT. PLEASANT ROAD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	DV	( ) Delete
Name:	RIDENHOUR, BRIAN J	
Address:	14058 MT. PLEASANT RD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	DP	( ) Delete
Name:	RIDENHOUR, RICKY J	
Address:	14058 MT PLEASANT RD	
City-St-Zip:	JACKSONVILLE, FL 32225	
Title:	SD	( ) Delete
Name:	BARTLEY, HEATHER	
Address:	14058 MT PLESANT RD	
City-St-Zip:	JACKSONVILLE, FL 32225	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TORMOLLAN, ADAM TD 02/11/2008

Electronic Signature of Signing Officer or Director — Date