

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91051 002 ***150.00

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|---|---------------------|---|
| DOCUMENT # V46001 1. Entity Name CITY CONCRETE CONSTRUCTION COMPANY | |  |
| Principal Place of Business 3192 JAMEY RD TALLAHASSEE, FL 32303 | | Mailing Address P.O. BOX 37159 TALLAHASSEE, FL 32303 |
| 2. Principal Place of Business | 3. Mailing Address | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State | City & State | |
| Zip | Country | Zip Country |



03222004 Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-3130145 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent CLORE, PATRICIA M 3192 JAMEY RD TALLAHASSEE, FL 32303 | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____ |
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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 reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
|--|--|--|---|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">P CLORE, PATRICIA M 3192 JAMEY RD TALLAHASSEE, FL 32303</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table> | P CLORE, PATRICIA M 3192 JAMEY RD TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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: *Patricia M Clore (PATRICIA M CLORE)* 3/23/04 850-566-2944 cell