## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2005 08:00 AM Secretary of State DOCUMENT # P02000129030 PETERSON CONCRETE, INC. Mailing Address Principal Place of Business 32439 HIGHLAND LAKE RD 32439 HIGHLAND LAKE RD DELAND, FL 32720 DELAND, FL 32720 03112005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3726176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent PETERSON, TRACY DO NOT WRITE 32439 HIGHLAND LAKES RD DELAND, FL 32720 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\_ Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PETERSON, TRACY NAME U00000319069 04/20/05-80085-003 150.00 STREET ADDRESS 32439 HIGHLAND LAKES RD DELAND, FL 32720 CITY-ST-ZIP VPD TITLE PETERSON, SHELLY NAME. 32439 HIGHLAND LAKES RD STREET ADDRESS CITY -ST-ZIP DELAND, FL 32720 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the Information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

386-201-361 Daylime Phone #