


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 010 ***100.00
 01-29-2007 90094 004 ****50.00

DOCUMENT # F98000003960

1. Entity Name
 READY MIX USA, INC.



Principal Place of Business
 2570 RUFFNER ROAD
 BIRMINGHAM, AL 35210

Mailing Address
 P O BOX 020848
 TUSCALOOSA, AL 35402-0848

40028141



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

3. Mailing Address
 Suite, Apt. #, etc.

02202007 Chg-P CR2E034 (12/06)

City & State
 Zip Country

4. FEI Number
 63-1151475

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 LINDSEY, BOBBY
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP BRYANT, PAUL W JR. <input type="checkbox"/> Delete 814 FIRST NATIONAL BANK BLDG. TUSCALOOSA, AL 35402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CV TYSON, MARC B <input type="checkbox"/> Delete 2820 SURREY RD. BIRMINGHAM, AL 35223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PHELPS, SAM M <input type="checkbox"/> Delete 814 FIRST NATIONAL BANK BLDG. TUSCALOOSA, AL 35402
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marc Bryant Tyson 2570 Ruffner Road Birmingham, AL 35210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Scott M. Phelps 1550 McFarland Blvd. N. Tuscaloosa, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Sam M. Phelps 1201 Greensboro Ave. Tuscaloosa, AL 35401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Paul W. Bryant, Jr. 1550 McFarland Blvd. N. Tuscaloosa, AL 35406
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

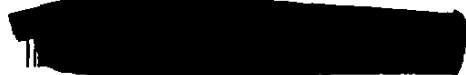
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal 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.


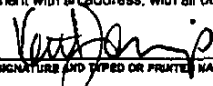
SIGNATURE: Robert J. P. and Chris Secor Date: 2/22/07 (205) 247-3409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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ATTACHMENT

40028141



DOCUMENT # F98000003960			
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Principal Place of Business 2570 RUFFNER ROAD BIRMINGHAM, AL 35210		Mailing Address P O BOX 020848 TUSCALOOSA, AL 35402-0848	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 63-1151475		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LINDSEY, BOBBY 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$650.00		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	CP BRYANT, PAUL W JR. 814 FIRST NATIONAL BANK BLDG. TUSCALOOSA, AL 35402 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	1550 MCFARLAND BLVD. N. TUSCALOOSA, AL 35406 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 		KEITH JENNINGS 1/25/2007 205 345 5600	
<small>SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small>		<small>Date Daytime Phone #</small>	