

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------|--|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # J90977</b><br>1. Entity Name<br><b>HANSON PIPE &amp; PRODUCTS PRECAST SOUTHEAST, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                            |                     |  |                                    |                                                                                                                                                                                 | <b>FILED</b><br><b>06 JUN 13 AM 7:21</b><br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |  |
| Principal Place of Business<br><b>U.S. HIGHWAY #17 SOUTH<br/>GREEN COVE SPRINGS, FL 32043</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                            |                     |  | Mailing Address<br><b>1333 CAMPUS PARKWAY<br/>NEPTUNE, NJ 07753</b>                                                 |                                                                                                                                                                                 |                                                                                        |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                            | 3. Mailing Address  |  |                                   |                                                                                                                                                                                 | 05302006    Chg-P    CR2E034 (11/05)                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Suite, Apt. #, etc. |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            | City & State        |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                            | Zip                 |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |
| 4. FEI Number<br><b>59-2866009</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                            |                     |  | Applied For<br><input type="checkbox"/> Not Applicable                                                              |                                                                                                                                                                                 |                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                            |                     |  | <b>\$8.75 Additional Fee Required</b>                                                                               |                                                                                                                                                                                 |                                                                                        |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |  | 7. Name and Address of New Registered Agent                                                                         |                                                                                                                                                                                 |                                                                                        |  |
| <b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD.<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                            |                     |  | Name                                                                                                                |                                                                                                                                                                                 |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |  | Street Address (P.O. Box Number is Not Acceptable)                                                                  |                                                                                                                                                                                 |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |  | City                                                                                                                |                                                                                                                                                                                 |                                                                                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                            |                     |  | <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>    |                                                                                                                                                                                 |                                                                                        |  |
| 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 _____ <span style="float: right;">000077172590<br/>07/10/06--01004--000    **11.25</span><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                     |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                            |                     |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                 |                                                                                        |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                            |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                               |                                                                                                                                                                                 |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>PDC<br/>MANNING, RICHARD C<br/>15720 JOHN J. DELANEY DRIVE<br/>CHARLOTTE, NC 28277</b> <input type="checkbox"/> Delete  |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>VP<br/>Mark D. Carpenter<br/>4190 US Highway 17 South<br/>Green Cove Springs, Florida 32043</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VP<br/>BLECHA, JOAN B<br/>4190 US HIGHWAY 17 SOUTH<br/>GREEN COVE SPRINGS, FL 32043</b> <input type="checkbox"/> Delete |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <b>AS<br/>Carroll L. LaGraffe<br/>2680 Bishop Dr. #225<br/>San Ramon, California 94583</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VSD<br/>HYER, MICHAEL H<br/>8505 FREEPORT PARKWAY<br/>IRVING, TX 75063</b> <input type="checkbox"/> Delete              |                     |  | <div style="text-align: center;"> <b>000077172590</b><br/>         07/10/06--01004--004    **50.00       </div>     |                                                                                                                                                                                 |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AS<br/>AVERY, CECIL C<br/>1333 CAMPUS PARKWAY<br/>NEPTUNE, NJ 07753</b> <input type="checkbox"/> Delete                 |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>AS<br/>HUTCHINSON, JOHN M<br/>1333 CAMPUS PARKWAY<br/>NEPTUNE, NJ 07753</b> <input type="checkbox"/> Delete             |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                               |                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>VIT<br/>NICHOLLS, SIMON<br/>1333 CAMPUS PARKWAY<br/>NEPTUNE, NJ 07753</b> <input type="checkbox"/> Delete               |                     |  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <i>Carroll L. LaGraffe</i> <b>CARROLL L. LaGRAFFE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                     |  | Date: <b>5/30/06</b> Daytime Phone #: <b>925-244-6578</b>                                                           |                                                                                                                                                                                 |                                                                                        |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR<br><b>ASSISTANT SECRETARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                            |                     |  |                                                                                                                     |                                                                                                                                                                                 |                                                                                        |  |

K. Eckel JUN 15 2006