


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P01000090897 1. Entity Name <b>EAGLE CONCRETE SYSTEMS, INC.</b>	
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Principal Place of Business <b>3430 WILLARD ST          FORT MYERS, FL 33916</b>	Mailing Address <b>PO BOX 60762          FORT MYERS, FL 33916</b>
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07012004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1139624</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEANNAH, MICHAEL J  
 14619 EAGLES LOOKOUT CT  
 FORT MYERS, FL 33912**

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00  
 Due by September 8, 2004**

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	DPS LEANNAH, MICHAEL J 14619 EAGLES LOOKOUT CT FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT LEANNAH, CARMEL M 14619 EAGLES LOOKOUT CT FORT MYERS, FL 33912
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**DO NOT WRITE IN THIS SPACE**

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 09/10/04-80001-014 550.00

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: Carmel M. Leannah 9/8/04 239-337-1972  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
 CARMEL M. LEANNAH