

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005656

FILED
Jan 18, 2009
Secretary of State

Entity Name: FLORIDA INDEPENDENT CONCRETE AND ASSOCIATED PRODUCTS, INC.

Current Principal Place of Business:

116 W. GREENTREE LN
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

116 W. GREENTREE LN
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 65-0454790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STROPOLI, MICHELE
116 W. GREENTREE LN
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STROPOLI, MICHELE
Address: 116 W. GREENTREE LN
City-St-Zip: LAKE MARY, FL 32746

Title: D () Delete
Name: GRISWOLD, SHERRY
Address: PO BOX 28310
City-St-Zip: JACKSONVILLE, FL 32226

Title: P () Delete
Name: MARK, SMITH
Address: PO BOX 7
City-St-Zip: BELL, FL 32619

Title: DS () Delete
Name: CLEMENTS, GARY
Address: 516 W MAIN ST
City-St-Zip: LAKE LAND, FL 33815 US

Title: VP () Delete
Name: COOLIDGE, BRAD
Address: 1601 S RONALD REAGAN BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: D () Delete
Name: BISHOP, JEFFREY
Address: 1142 WATERTOWER RD
City-St-Zip: WEST PALM BEACH, FL 33403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE STROPOLI

D

01/18/2009

Electronic Signature of Signing Officer or Director

Date