



**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2004 8:00 am**  
**Secretary of State**

02-13-2004 90011 019 \*\*\*150.00

DOCUMENT # P03000122876						
1. Entity Name TOLLEY CONCRETE & LAYOUT, INC.						
Principal Place of Business 7501 STATE ROAD 557 POLK CITY, FL 33868		Mailing Address 7501 STATE ROAD 557 POLK CITY, FL 33868		<p style="text-align: right; font-size: 24pt;"><b>54006150</b></p> 		
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01152004	Chg-P	CR2E034 (10/03)
4. FEI Number <b>20-0426280</b>				Applied For 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			
TOLLEY MCKEE, JESSICA 7501 STATE ROAD 557 POLK CITY, FL 33868			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City			
			<b>FL</b>			
			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2004 Fee will be \$550.00</b></p>		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	D	<input type="checkbox"/> Delete	TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DON TOLLEY, ROBERT		NAME	Tolley, Robert Don		
STREET ADDRESS	7501 STATE ROAD 557		STREET ADDRESS	7501 State Road 557		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868		
TITLE	D	<input type="checkbox"/> Delete	TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TOLLEY MCKEE, JESSICA		NAME	McKee, Jessica Tolley		
STREET ADDRESS	7501 STATE ROAD 557		STREET ADDRESS	7501 State Road 557		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Jessica Tolley McKee</i>			Sec/Treas		1/15/04 863-956-2390	
SIGNATURE AND FULL OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #	
<i>Jessica Tolley McKee</i>						