


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90065 024 ***150.00

DOCUMENT # P03000122876

1. Entity Name
TOLLEY CONCRETE & LAYOUT, INC.



Principal Place of Business Mailing Address

7501 STATE ROAD 557 7501 STATE ROAD 557
 POLK CITY, FL 33868 POLK CITY, FL 33868

50003077



2. Principal Place of Business 3. Mailing Address

250 N Buena Vista Dr. **P.O. Box 600**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01132005 Chg-P CR2E034 (10/03)

City & State City & State

Lake Alfred FL **Lake Alfred FL**

Zip Country Zip Country

33850 **U.S.** **33850-0600** **U.S.**

4. FEI Number Applied For

20-0426280 Not Applicable

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

6. Name and Address of Current Registered Agent

TOLLEY MCKEE, JESSICA
 7501 STATE ROAD 557
 POLK CITY, FL 33868

7. Name and Address of New Registered Agent

Name: **Jessica Tolley McKee**
 Street Address (P.O. Box Number is Not Acceptable):
2507 Country Club Road
 City: **Winter Haven** FL Zip Code: **33881**

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: *Jessica Tolley McKee* Sec/Treas DATE: **1/13/05**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DON TOLLEY, ROBERT	
STREET ADDRESS	7501 STATE ROAD 557	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE	STD	<input type="checkbox"/> Delete
NAME	TOLLEY MCKEE, JESSICA	
STREET ADDRESS	7501 STATE ROAD 557	
CITY-ST-ZIP	POLK CITY, FL 33868	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tolley, Robert Don	
STREET ADDRESS	2509 Country Club Road	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tolley McKee Jessica	
STREET ADDRESS	2507 Country Club Road	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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: *Jessica Tolley McKee* Date: **1/13/05** Daytime Phone #: **863-956-2390**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jessica Tolley McKee** **Sec/Treas.**