


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90043 041 ***150.00

DOCUMENT # P03000122876					
1. Entity Name TOLLEY CONCRETE & LAYOUT, INC.					
Principal Place of Business 250 N. BUENA VISTA DR LAKE ALFRED, FL 33850			Mailing Address PO BOX 600 LAKE ALFRED, FL 33850-0600		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent TOLLEY MCKEE, JESSICA 2507 COUNTRY CLUB ROAD WINTER HAVEN, FL 33881				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOLLEY, ROBERT DON	NAME			
STREET ADDRESS	2509 COUNTRY CLUB ROAD	STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP			
TITLE	STD <input type="checkbox"/> Delete	TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TOLLEY MCKEE, JESSICA	NAME	Tolley McKee, Jessica		
STREET ADDRESS	2509 COUNTRY CLUB ROAD	STREET ADDRESS	2507 Country Club Road		
CITY-ST-ZIP	WINTER HAVEN, FL 33881	CITY-ST-ZIP	Winter Haven FL 33881		
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 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>Jessica Tolley McKee</i>		Secretary		Date: 1/17/2006 863-956-2390	
JESSICA TOLLEY MCKEE				Daytime Phone #	

