


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90007 026 \*\*\*150.00

<b>DOCUMENT # P03000122876</b> 1. Entity Name <b>TOLLEY CONCRETE &amp; LAYOUT, INC.</b>			
Principal Place of Business <b>250 N. BUENA VISTA DR                  LAKE ALFRED, FL 33850</b>		Mailing Address <b>PO BOX 600                  LAKE ALFRED, FL 33850-0600</b>	
2. Principal Place of Business - No P.O. Box # <b>1690 Dundee Rd</b> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State <b>Winter Haven, FL</b>		City & State	
Zip <b>33884</b>		Country <b>USA</b>	
4. FEI Number <b>20-0426280</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TOLLEY MCKEE, JESSICA                  2507 COUNTRY CLUB ROAD                  WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00                  After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>TOLLEY, ROBERT DON</b> <b>2509 COUNTRY CLUB ROAD</b> <b>WINTER HAVEN, FL 33881</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>TOLLEY MCKEE, JESSICA</b> <b>2509 COUNTRY CLUB ROAD</b> <b>WINTER HAVEN, FL 33881</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>TOLLEY MCKEE, JESSICA</b> <b>2507 Country Club Rd</b> <b>Winter Haven FL 33881</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <b>Robert D. Tolley</b>		Date: <b>3/19/07</b> Daytime Phone #: <b>(888) 956-2390</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROBERT D. TOLLEY</b>		Date Daytime Phone #	

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