


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 042 ***150.00

DOCUMENT # P05000142245			
1. Entity Name K & C CONCRETE, INC.		Principal Place of Business 15261 S.W. 43RD TERRACE ROAD OCALA, FL 34473	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 15261 S.W. 43RD TERRACE ROAD OCALA, FL 34473	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ESPOSITO, CHRISTOPHER M 15261 S.W. 43RD TERRACE ROAD OCALA, FL 34473		7. Name and Address of New Registered Agent Name: <i>Esposito, Christopher M</i> Street Address (P.O. Box Number is Not Acceptable): <i>2236 SW 156th Loop</i> City: <i>Ocala</i> FL Zip Code: <i>34473</i>	
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: <i>Christopher M. Esposito</i> DATE: <i>2-1-07</i> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	P ESPOSITO, CHRISTOPHER M 15261 S.W. 43RD TERRACE ROAD OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Esposito, Christopher M</i> <i>2236 SW 156th Loop</i> <i>Ocala, FL 34473</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T ESPOSITO, KATHY A 15261 S.W. 43RD TERRACE ROAD OCALA, FL 34473 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Esposito, Kathy A</i> <i>2236 SW 156th Loop</i> <i>Ocala, FL 34473</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Kathy A. Esposito</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <i>2-1-07</i> (352) 286-5100 <small>Date Daytime Phone #</small>	

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01282007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3668990 Applied For Not Applicable

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