

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000074091
 1. Entity Name
 SPECIALTY CURBS, INC.



Principal Place of Business: 5780 JACK BRACK RD, SAINT CLOUD, FL 34771
 Mailing Address: PO BOX 700627, ST CLOUD, FL 34770-0627



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3350157
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 FOSHEE, KENNETH A
 5770 JACK BRACK RD
 SAINT CLOUD, FL 34771

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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: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000868394
 04/09/08-80008-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FOSHEE, EDGAR E
STREET ADDRESS	5780 JACK BRACK RD
CITY-ST-ZIP	SAINT CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR