

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002737

FILED
Apr 13, 2009
Secretary of State

Entity Name: TC PRECAST, INC.

Current Principal Place of Business:

140 MANDA CT
TROY, MO 63379

New Principal Place of Business:

Current Mailing Address:

PO BOX 506
TROY, MO 63379

New Mailing Address:

FEI Number: 43-1933331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 334110000 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSP () Delete
Name: CHAMPION, KAYE
Address: 335 ROYAL BLUFF CT.
City-St-Zip: TROY, MO 63379

Title: D () Delete
Name: CHAMPION, ANTHONY
Address: 335 ROYAL BLUFF CT.
City-St-Zip: TROY, MO 63379

Title: D () Delete
Name: CHAMPION, STEVEN
Address: PO BOX 506
City-St-Zip: TROY, MO 63379

Title: D () Delete
Name: CHAMPION, RYAN
Address: 511 CREEKWOOD BLVD
City-St-Zip: TROY, MO 63379

Title: VPT () Delete
Name: CHAMPION, TONY
Address: 335 ROYAL BLUFF CT.
City-St-Zip: TROY, MO 63379

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KAYE CHAMPION

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date