## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 160452** 

**Entity Name: CONCRETE FABRICATORS INC** 

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1310 SUNSET DR. 1310 SUNSET DR.

CLEARWATER, FL 337552451 US CLEARWATER, FL 34615

**Current Mailing Address: New Mailing Address:** 

1310 SUNSET DR. 1310 SUNSET DR.

CLEARWATER, FL 34615 CLEARWATER, FL 337552451 US

FEI Number: 59-0610422 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STANLEY, GYNETH S STANLEY, GYNETH S 1465 S. FÓRT HARRISON AVE. 209 TURNER STREET CLEARWATER, FL 33755 CLEARWATER, FL 33756 US

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: GYNETH S. STANLEY 01/06/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

1585 E. HOBBIE CREEK DRIVE

SPRINGVILLE, UT

## **OFFICERS AND DIRECTORS:**

Name: Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PDT () Delete Title: (X) Change ( ) Addition

Title: WYLLIE, NEIL WYLLIE, POLLY B. Name: Name: 1310 SUNSET DRIVE 1310 SUNSET DRIVE Address: Address:

City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 337552451 US

Title: Title: (X) Change ( ) Addition () Delete Name: WYLLIE, DANA A Name: WYLLIE, DANA A

2450 TREEMONT WAY 2450 TREEMONT WAY Address: Address: DUNEDIN, FL 34698 DUNEDIN, FL 34698 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete DS WYLLIE, POLLY B WYLLIE, NEIL W. Name: Name:

1310 SUNSET DRIVE 1585 E. HOBBIE CREEK DRIVE Address: Address:

City-St-Zip: CLEARWATER, FL City-St-Zip: SPRINGVILLE, UT

Title: (X) Delete Title: () Change () Addition WYLLIE, NEIL W

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: POLLY B. WYLLIE **PRES** 01/06/2009