


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 03, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 173487 1. Entity Name CEMENT INDUSTRIES, INC.	
--	---

Principal Place of Business 2709 JEFFCOTT ST FT. MYERS, FL 33901	Mailing Address PO BOX 823 FORT MYERS, FL 33902
--	---



05312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-0697707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  THOMPSON, GAY R 2709 JEFFCOTT ST FORT MYERS, FL 33901	<b>DO NOT WRITE IN THIS SPACE</b>
--	-----------------------------------

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: *Gay Rebel Thompson* DATE: *5/31/05*  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000368926 06/03/05-80003-004 550.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMPSON, GAY REBEL 11604 TIMBERLINE CIR FT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD THOMPSON, W.BROWN III 30 TIMBERLAND CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD THOMPSON, SHARON 30 TIMBERLAND CIRCLE FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TERRELL, CARIMI 17901 DEVORE LANE FORT MYERS, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Gay Rebel Thompson* DATE: *5/31/05* DAYTIME PHONE #: *239-332-1440*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR