

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90148 043 \*\*\*150.00

**DOCUMENT # 173487**

1. Entity Name  
**CEMENT INDUSTRIES, INC.**



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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04112008 Chg-P CR2E034 (12/06)

4. FEI Number 59-0697707 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THOMPSON, GAY R**  
**2709 JEFFCOTT ST**  
**FORT MYERS, FL 33901**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, GAY REBEL	
STREET ADDRESS	11604 THIMBERLINE CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VD	<input type="checkbox"/> Delete
NAME	THOMPSON, W.BROWN III	
STREET ADDRESS	30 TIMBERLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	TD	<input type="checkbox"/> Delete
NAME	THOMPSON, SHARON	
STREET ADDRESS	30 TIMBERLAND CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TERRELL, CARIMI	
STREET ADDRESS	17901 DEVORE LANE	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRAGICH, VICKIE M	
STREET ADDRESS	12800 ALLENDALE CIRCLE	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11604 Timberline Circle	
STREET ADDRESS	FORT MYERS, FL 33966	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Gay Rebel Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/08 (239) 332-1440  
Date Daytime Phone #