

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 2709 JEFFCOTT ST FT. MYERS, FL 33901 | | | Mailing Address PO BOX 823 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 | 4. FEI Number 59-0697707 | |
| | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | TITLE | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, GAY REBEL | | NAME | | |
| STREET ADDRESS | 11604 THIMBERLINE CIRCLE | | STREET ADDRESS | 11604 Timberline Circle | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | FORT MYERS, FL 33966 | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, W.BROWN III | | NAME | | |
| STREET ADDRESS | 30 TIMBERLAND CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THOMPSON, SHARON | | NAME | | |
| STREET ADDRESS | 30 TIMBERLAND CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33919 | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | TERRELL, CARIMI | | NAME | | |
| STREET ADDRESS | 17901 DEVORE LANE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33913 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | DRAGICH, VICKIE M | | NAME | | |
| STREET ADDRESS | 12800 ALLENDALE CIRCLE | | STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS, FL 33912 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u>Gay Rebel Thompson</u> | | | Date: <u>4/17/08</u> (239) 332-1440 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Daytime Phone #</small> | | |