


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2006 08:00 AM
Secretary of State

DOCUMENT # 267283 1. Entity Name FLORIDA BRICK AND CLAY COMPANY, INC.	
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Principal Place of Business 1708 TURKEY CREEK ROAD TURKEY CREEK ROAD PLANT CITY, FL 33566 US	Mailing Address 1708 TURKEY CREEK ROAD TURKEY CREEK ROAD PLANT CITY, FL 33566 US
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04032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1007605	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HERMIDA, REMY 1708 TURKEY CREEK RD. PLANT CITY, FL 33566

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AZORIN, ANTONIO C. 6704 PEMBERTON OAKS COURT SEFFNER, FL 33584
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DODSON, WILLIAM D. 2110 JUNIPER DRIVE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERMIDA, REMY 1708 TURKEY CREEK RD. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZORIN, MARIA 32 BAHAMA CIRCLE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AZORIN, MANUEL 1211 W. REDBUD CIRCLE PLANT CITY, FL 33567
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000502249
04/25/06-80097-005 150.00

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IN THIS SPACE**

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: Antonio C. Azorin 4-3-06 837541521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #