

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 267283**

1. Entity Name  
FLORIDA BRICK AND CLAY COMPANY, INC.



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



03132007 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 ☐ \$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME AZORIN, ANTONIO C.  
STREET ADDRESS 6704 PEMBERTON OAKS COURT  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE VSD  
NAME DODSON, WILLIAM D.  
STREET ADDRESS 2110 JUNIPER DRIVE  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE TD  
NAME HERMIDA, REMY  
STREET ADDRESS 1708 TURKEY CREEK RD.  
CITY-ST-ZIP PLANT CITY, FL 33566

TITLE D  
NAME AZORIN, MARIA  
STREET ADDRESS 32 BAHAMA CIRCLE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE D  
NAME AZORIN, MANUEL  
STREET ADDRESS 1211 W. REDBUD CIRCLE  
CITY-ST-ZIP PLANT CITY, FL 33567

TITLE VP  
NAME DOUGLAS HIPPLER  
STREET ADDRESS 1704 HORSESHOE DRIVE  
CITY-ST-ZIP PLANT CITY FL 33566

U00000679140  
04/03/07-80026-006 150.00

**DO NOT WRITE  
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-07  
Date

8137541521  
Daytime Phone #