

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # F01000005736**

1. Entity Name  
**CONCRETE SAWING & DRILLING ASSOCIATION, INC.**



Principal Place of Business  
**11001 DANKA WAY NORTH  
SUITE 1  
ST. PETERSBURG, FL 33716**

Mailing Address  
**11001 DANKA WAY NORTH  
SUITE 1  
ST. PETERSBURG, FL 33716**



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**31-1458058**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**O'BRIEN, PATRICK A  
11001 DANKA WAY NORTH, SUITE 1  
ST. PETERSBURG, FL 33716**

**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

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**000000585641  
01/16/07-80021-003 61.25**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HOLLINGSWORTH, SUSAN
STREET ADDRESS	9911 FRANKLIN RD
CITY-ST-ZIP	HOUSTON, TX 77070
TITLE	V
NAME	STOWELL, TOM
STREET ADDRESS	1345 S ACACIA AVE
CITY-ST-ZIP	FULLERTON, CA 92631
TITLE	ST
NAME	WALKER, DOUG
STREET ADDRESS	1632 RT 38, POB 98
CITY-ST-ZIP	MOUNT HOLLY, NJ 08060
TITLE	D
NAME	CULGIN, RON
STREET ADDRESS	124 CALVARY ST
CITY-ST-ZIP	WALTHAM, MA 02454
TITLE	ED
NAME	O'BRIEN, PATRICK
STREET ADDRESS	11001 DANKA WAY NORTH, SUITE 1
CITY-ST-ZIP	SAINT PETERSBURG, FL 33716
TITLE	D
NAME	PRIEST, CHRIS
STREET ADDRESS	2470 CONESTOGA AVE
CITY-ST-ZIP	HONEY BROOK, PA 19344

**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 617, 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:**

**PATRICK O'BRIEN**

**1/10/07**

**727-577-5004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #