

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002737

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: TC PRECAST, INC.

**Current Principal Place of Business:**

140 MANDA CT  
TROY, MO 63379

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 506  
TROY, MO 63379

**New Mailing Address:**

FEI Number: 43-1933331

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DSP ( ) Delete  
Name: CHAMPION, KAYE  
Address: 335 ROYAL BLUFF CT.  
City-St-Zip: TROY, MO 63379

Title: D ( ) Delete  
Name: CHAMPION, ANTHONY  
Address: 335 ROYAL BLUFF CT.  
City-St-Zip: TROY, MO 63379

Title: D ( ) Delete  
Name: CHAMPION, STEVEN  
Address: PO BOX 506  
City-St-Zip: TROY, MO 63379

Title: D ( ) Delete  
Name: CHAMPION, RYAN  
Address: 511 CREEKWOOD BLVD  
City-St-Zip: TROY, MO 63379

Title: VPT ( ) Delete  
Name: CHAMPION, TONY  
Address: 335 ROYAL BLUFF CT.  
City-St-Zip: TROY, MO 63379

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY KAYE CHAMPION

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date