2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # H21136

1. Entity Name
CONCRETE CULVERT SUPPLY, INCORPORATED

Principal Place of Business
19474 DORIS LANE
N. FT. MYERS, FL 33917

Mailing Address
19474 DORIS LANE
N. FT. MYERS, FL 33917

01112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2454442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, JOSEPH H. JR.
19474 DORIS LN
NORTH FT. MYERS, FL 33917

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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, 2008 Fee will be $550.00

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

U00000788807
01/18/08-80056-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAKER, JOSEPH H., JR.
STREET ADDRESS	19474 DORIS LANE
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	S
NAME	BAKER, TAMMY
STREET ADDRESS	19474 DORIS LANE
CITY-ST-ZIP	N. FORT MYERS, FL 33917
TITLE	V
NAME	BAKER, JOSEPH H III
STREET ADDRESS	19474 DORIS LN
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917
TITLE	D
NAME	BAKER, JOSHUA T
STREET ADDRESS	19474 DORIS LN
CITY-ST-ZIP	N FT MYERS, FL 33917
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph H Baker Jr 1/15/08 543-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #