


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 23, 2008 08:00 A  
Secretary of State**

<b>DOCUMENT # J45608</b> 1. Entity Name LITLE'S CEMENT FINISHING, INC.	
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Principal Place of Business % JOSEPH P. LITLE 3825 W OAKLAWN ST LECANTO, FL 34461 US	Mailing Address % JOSEPH P. LITLE 3825 W OAKLAWN ST LECANTO, FL 34461 US
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**DO NOT WRITE IN THIS SPACE**



01182008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2751704	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

LITLE, JOSEPH P.  
3825 W OAKLAWN ST  
LECANTO, FL 32661

**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	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 LITLE, JOSEPH P. 3825 W OAKLAWN ST LECANTO, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST LITLE, LONNA M. 3825 W OAKLAWN ST LECANTO, FL
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1100000731863  
01/23/08-80093-010 150.00

**DO NOT WRITE  
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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: Lonna M. Little LONNA M. Little 01/21/2008 352 628 4830  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #