2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # J50036

FLORIDA ENGINEERED CONSTRUCTION PRODUCTS CORPORATION



FILED Mar 28, 2008 08:00 A Secretary of State

Principal Place of Business

P.O. BOX 24567 TAMPA, FL 33623-4567 Mailing Address

P.O. BOX 24567 TAMPA, FL 33623-4567



03242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2825924 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAREY, MICHAEL R 712 SOUTH OREGON AVENUE TAMPA, FL 33606

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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 little 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 Financia Trust Fund Contribution.			cing .	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, RALPH 6324 COUNTY ROAD 579 TAMPA, FL				000000372066 04/10/03-80023-012 150.00	
TITLÉ NAME STREET ADDRESS CITY-ST-ZIP	DP STANTON, JOHN 6324 COUNTY ROAD 579 TAMPA, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARDASH, WILLIAM J. 6324 COUNTY ROAD 579 TAMPA, FL			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	••					
TITLE :						
STREET ADDRESS CITY-ST-ZIP				, .		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information						

nibilities on this report of suppremental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN STANTON

3/24/08

813-621-4641

Daytime Phone #