

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 8:00 am
Secretary of State

01-12-2007 90018 001 ***150.00

DOCUMENT # K72909

1. Entity Name
FLORIDA CONCRETE CONSTRUCTION COMPANY



Principal Place of Business
**2605 S.W. 33RD ST., STE 104
OCALA, FL 34474 US**

Mailing Address
**2605 S.W. 33RD ST., STE 104
OCALA, FL 34474 US**

2. Principal Place of Business - No P.O. Box #
1800 NW 58th Lane

3. Mailing Address
1800 NW 58th Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ocala, Florida

City & State
Ocala, Florida

01092007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-2942697

Applied For
Not Applicable

Zip
34475

Country
USA

Zip
34475

Country
USA

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

6. Name and Address of Current Registered Agent

**MUNDEN, DANIEL R
2605 S.W. 33RD ST., STE 104
OCALA, FL 34474**

7. Name and Address of New Registered Agent

Name
Daniel R. Munden
Street Address (P.O. Box Number is Not Acceptable)
1800 NW 58th Lane
City **Ocala** FL Zip Code **34475**

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 *Daniel R. Munden* **Daniel R. Munden, Vice President** **1/10/07**
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DV	<input type="checkbox"/> Delete
NAME	MUNDEN, DANIEL R	
STREET ADDRESS	24921 BARTRAN RD	
CITY-ST-ZIP	ASTOR, FL 32103	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SIMMONS, GREG	
STREET ADDRESS	2605 SW 33RD ST STE 104	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Simmons, Greg	
STREET ADDRESS	18790 NE 49th Street	
CITY-ST-ZIP	Williston, FL 32696	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Daniel R. Munden* **1/10/07** **352-854-0169**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Daniel R. Munden, Vice President