

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90072 033 ***150.00

DOCUMENT # L75953

1. Entity Name
CONCRETE SERVICES OF QUINCY, INC.



Principal Place of Business
1131 DADE ST
QUINCY, FL 32351 US

Mailing Address
1131 DADE ST
QUINCY, FL 32351 US

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3026130

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BIST, MICHAEL
GARDNER, SHEIFER, DUGGAR, BIST&WIENER
1300 THOMASWOOD DR.
TALLAHASSEE, FL 32312

**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

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**

10. OFFICERS AND DIRECTORS

TITLE	DTS
NAME	MCMILLAN, WILLIAM N JR
STREET ADDRESS	268 HAVANA HWY
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	PDCM
NAME	MCMILLAN, SABRINA
STREET ADDRESS	268 HAVANA HWY
CITY-ST-ZIP	QUINCY, FL 32352
TITLE	DV
NAME	PARRAMORE, TONY
STREET ADDRESS	102 N. WARD ST.
CITY-ST-ZIP	QUINCY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/2008

Date

850-875-1471

Daytime Phone #