

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90095 042 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # L81329			
1. Entity Name S & R CONCRETE & MASONRY, INC.			
Principal Place of Business 25169 PINSON DR. BONITA SPRINGS, FL 34136		Mailing Address 13191 Bird Rd 25169 PINSON DR. BONITA SPRINGS, FL 34135 Ft. Myers, FL 33905	
2. Principal Place of Business - No P.O. Box # 13191 Bird Rd.		3. Mailing Address 13191 Bird Rd.	
City & State Ft. Myers, FL		City & State Ft. Myers, FL	
Zip 33905		Zip 33905	
Country US		Country US	
4. FEI Number 65-0208126		Applicant For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REESE, JOSEPH 25169 PINSON DR. BONITA SPRINGS, FL 33923		7. Name and Address of Now Registered Agent Michael Reynolds 13191 Bird Rd. Ft. Myers, FL 33905	
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 M. E. Reynolds		DATE 1-9-08	
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SMITH, ERIC 25169 PINSON DR. BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V REESE, JOSEPH 25169 PINSON DR. BONITA SPRINGS, FL 34135	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S REYNOLDS, MICHAEL E 13191 BIRD RD. FORT MYERS, FL 33905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 Statute. 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statute; 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: M. E. Reynolds		DATE: 1-9-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	