

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000027476

1. Entity Name

CONCRETE MODULAR SYSTEMS, INC.



Principal Place of Business

4099 BEACH DRIVE SOUTHEAST
ST.PETERSBURG FL 33705

Mailing Address

4099 BEACH DRIVE SOUTHEAST
ST.PETERSBURG FL 33705



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3632362

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, DEBORAH M.
4099 BEACH DRIVE SOUTHEAST
SAINT PETERSBURG FL 33705

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 VP
NAME KENNEDY, FREDERICK L JR.
STREET ADDRESS 4099 BEACH DRIVE SOUTHEAST
CITY-STATE-ZIP ST.PETERSBURG FL 33705 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME U000000628034
STREET ADDRESS 02/15/07-80085-008 158.75
CITY-STATE-ZIP

TITLE PT
NAME KENNEDY, DEBORAH M
STREET ADDRESS 4099 BEACH DRIVE SOUTHEAST
CITY-STATE-ZIP ST.PETERSBURG FL 33705 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE SD
NAME KENNEDY, MARY E
STREET ADDRESS 4099 BEACH DRIVE SOUTHEAST
CITY-STATE-ZIP ST.PETERSBURG FL 33705 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Deborah M. Kennedy 2-6-07 729-895-2150