2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000036669

1. Entity Name

STEPHENS CONCRETE & MASONRY, INC.



Principal Place of Business

W 5054448 65

6612 W DORMANY RD PLANT CITY, FL 33565 Mailing Address

6612 W DORMANY RD PLANT CITY, FL 33565

FILED Mar 01, 2007 8:00 am Secretary of State

03-01-2007 90015 021 ***150.00

4002000



02032007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3720332

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEPHENS, EUGENE 6612 W DORMANY RD PLANT CITY, FL 33565

DO NOT WRITE IN THIS SPACE

	,						
	named entity submits this statement for the pions of registered agent.	urpose of changing its reg	gistered offi	ce or re	egistered agent, or both, in the	State of Florida. I am familiar with, and ac	cept
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Re	egistered Agent	signature	required when reinstating}	DATE	-
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DPS STEPHENS, EUGENE 6612 W DORMANY RD PLANT CITY, FL 33565 DVT STEPHENS, SANDRA D		,				
STREET ADDRESS CITY-ST-ZIP	6612 W DORMANY RD PLANT CITY, FL 33565						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO-NOT-WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IN THI	THIS SPACE	
TITLE NAME STREET ADDRESS							

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

2-26-07

(813)376-3808

Daytime Phone #