## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 05, 2008 8:00 am Secretary of State DOCUMENT # P01000036669~~ 03-05-2008 90029 008 \*\*\*150.00 STEPHENS CONCRETE & MASONRY, INC. Principal Place of Business Maiting Address 6612 W DORMANY RD 6612 W DORMANY RD PLANT CITY, FL 33565 PLANT CITY, FL 33565 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 6702 W. Dormany Rd 6702 W. Dormany Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 01302008 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For Plant City. FLPlant City, 59-3720332 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33565 33565 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEPHENS, EUGENE Street Address (P.O. Box Number is Not Acceptable) 6612 W DORMANY RD 6702 W. Dormany Rd PLANT CITY, FL 33565 Plant City Zip Code 33565 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 > (NOTE: Registered Agent signature required when reinstating) printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE Change Addition STEPHENS, EUGENE NAME NAME 6612 W DORMANY RD STREET ADDRESS STREET ADDRESS 6702 W. Cormany Rd CITY-ST-ZIP CITY-ST-7IP PLANT CITY, FL 33565 Plant City, FL 33565 DVT ☐ Delete TITLE K Change TITLE Addition STEPHENS, SANDRA D NAME NAME 6612 W DORMANY RD STREET ADDRESS 6702 W. Dormany Rd STREET ADDRESS CITY-ST-ZIP PLANT CITY, FL 33565 CITY-ST-ZIP Plant City, FL 33565 ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE THILE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED