2007 FOR PROFIT CORPORATION

Apr 05, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #P01000059230** 04-05-2007 90148 035 ***150.00 WESTCOAST CONCRETE PLACING & FINISHING, INC. Principal Place of Business Mailing Address 40001000 16880 GATOR RD., STE. 107 16880 GATOR RD., STE. 107 FT. MYERS, FL 33912 FT. MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01092007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-1110982 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODGERS; JAMES Street Address (P.O. Box Number is Not Acceptable) 16880 GATOR RD., STE. 107 FT. MYERS, FL 33912 City Zip Code FI 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **X** Delete TITLE MT F ☐ Change Addition NAME GRAY, LEWIS STREET ADDRESS 10540 RUDEN RD. STREET ADDRESS CITY-ST-ZIP N. FT. MYERS, FL 33917 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition RODGERS, JAMES NAME NAME STREET ADDRESS **4830 LAUREL LANE** STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33908 CITY-ST-ZIP $\mathbf{m}_{\mathbf{F}}$ Delete TITLE ☐ Change ■ Addition ST. AMAND, SEAN NAME NAME STREET ADDRESS 1 NICHOLAS PKWY. STREET ADDRESS CAPE CORAL, FL 33991 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE Change ■ Addition

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 rhy 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 pthy fike empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: _

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-7IP

SIGNATURE AND TYPED OR PRINTED

☐ Delete

FILED

Daytime Phone #

☐ Change

Addition