

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000051251

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: KILGORE'S BRICK PAVERS, INC.

**Current Principal Place of Business:**

11921 PANAMA CITY BCH PKWY  
PANAMA CITY BEACH, FL 32407

**New Principal Place of Business:**

**Current Mailing Address:**

11921 PANAMA CITY BCH PKWY  
PANAMA CITY BEACH, FL 32407

**New Mailing Address:**

FEI Number: 32-0015123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KILGORE, JIM  
11921 PANAMA CITY BCH PKWY  
PANAMA CITY BEACH, FL 32907 US

**Name and Address of New Registered Agent:**

ADAMS, MICHAEL A  
11921 PANAMA CITY BCH PKWY  
PANAMA CITY BEACH, FL 32907 US

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.

SIGNATURE: MICHAEL A. ADAMS

04/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KILGORE, JIM  
Address: 11921 PANAMA CITY BCH PKWY  
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: DVS ( ) Delete  
Name: ADAMS, MIKE  
Address: 11921 PANAMA CITY BCH PKWY  
City-St-Zip: PANAMA CITY BEACH, FL 32407

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVS (X) Change ( ) Addition  
Name: ADAMS, MIKE A  
Address: 11921 PANAMA CITY BCH PKWY  
City-St-Zip: PANAMA CITY BEACH, FL 32407

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. ADAMS

DVS

04/23/2009

Electronic Signature of Signing Officer or Director

Date