

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000121765

1. Entity Name
SOUTHERN PRECAST CONCRETE CORPORATION



Principal Place of Business
1502 SAVANNAH AVENUE
TARPON SPRINGS, FL 34689

Mailing Address
1502 SAVANNAH AVENUE
TARPON SPRINGS, FL 34689



01182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0580923

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, LYNDIA C
224 WESTGATE ROAD
TARPON SPRINGS, FL 34688-7401

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CUMMINGS, LYNDIA C
STREET ADDRESS 224 WESTGATE ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE STD
NAME CUMMINGS, TIMOTHY A
STREET ADDRESS 224 WESTGATE ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE VPD
NAME CUMMINGS, JASON P
STREET ADDRESS 224 WESTGATE ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34688

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000317075
04/20/05-80005-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Lyndia Cummings
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/05 727-938-1659
Date Daytime Phone #