

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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May 04, 2005 8:00 am
Secretary of State

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04292005 No Chg-P CR2E034 (10/03)

DOCUMENT # P03000018953
 1. Entity Name
 CUSTOM CURBING & DECORATIVE CONCRETE, INC.



Principal Place of Business Mailing Address
 1550 SE 54TH PLACE 1550 SE 54TH PLACE
 OCALA, FL 34480 OCALA, FL 34480

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 57-1150738 Not Applicable

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

6. Name and Address of Current Registered Agent
 CAMPBELL, LISA K
 PO BOX 771641
 OCALA, FL 34476

*J Thomas Cooley
 610 SE 17th St
 Ocala, FL 34471*

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	P
NAME	MORT, KEITH A JR
STREET ADDRESS	1550 SE 54TH PLACE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	VP
NAME	MITCHELL, ROBERT J
STREET ADDRESS	1550 SE 54TH PLACE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	S.T
NAME	MITCHELL, CHRISTINA M
STREET ADDRESS	1550 SE 54TH PLACE
CITY - ST - ZIP	OCALA, FL 34480
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #