

**-2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90095 004 ***158.75

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1. Entity Name

CONCRETE CUTTING PROFESSIONALS, INC.



Principal Place of Business

6411 AVA DR.
JACKSONVILLE FL 32211

Mailing Address

6411 AVA DR.
JACKSONVILLE FL 32211

2. Principal Place of Business

1502 Cesery Terr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32211

Country

Duval

Zip

32211

Country

USA

4. FEI Number

54-2101048

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

MOORE

CR2E034 (11/03)



6. Name and Address of Current Registered Agent

MCCOY, WILLIAM L
6411 AVA DR.
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MCCOY, WILLIAM L
STREET ADDRESS 6411 AVA DR.
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S ☐ Change ☒ Addition
NAME Camie A. McCoy
STREET ADDRESS 6411 AVA DRIVE
CITY-ST-ZIP Jacksonville, FL 32211

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William L McCoy Director

4/20/04

Date

725-6212

Daytime Phone #