


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90020 008 ***150.00

DOCUMENT # P03000122876	
1. Entity Name TOLLEY CONCRETE & LAYOUT, INC.	

Principal Place of Business 1690 DUNDEE RD WINTER HAVEN, FL 33884	Mailing Address PO BOX 600 LAKE ALFRED, FL 33850-0600
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2. Principal Place of Business - No P.O. Box 4216 Hammond Dr.	3. Mailing Address 4216 Hammond Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Winter Haven, FL	City & State Winter Haven, FL
Zip 33881	Zip 33881
Country USA	Country USA



03122008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent TOLLEY MCKEE, JESSICA 2507 COUNTRY CLUB ROAD WINTER HAVEN, FL 33881	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TOLLEY, ROBERT DON 2509 COUNTRY CLUB ROAD WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Tolley, Robert Don 4216 Hammond Dr. Winter Haven, FL 33881 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD TOLLEY MCKEE, JESSICA 2507 COUNTRY CLUB RD WINTER HAVEN, FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Robert D. Tolley	Date 3/12/08 Daytime Phone # 863-956-2390