

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 MAR 23 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000155387

1. Entity Name
J & J CONCRETE OF PLANT CITY INC.



Principal Place of Business
3006 N CORK RD
PLANT CITY, FL 33565

Mailing Address
3006 N CORK RD
PLANT CITY, FL 33565



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03072007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

30-0231015

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHARLES, HOGLAND
3006 N CORK RD
PLANT CITY, FL 33565

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME CHARLES, HOGLAND
STREET ADDRESS 3006 N CORK RD
CITY-ST-ZIP PLANT CITY, FL 33565

TITLE ☐ Change ☐ Addition
NAME **600096319166**
STREET ADDRESS **04/10/07--01025--003 **150.00**
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME JOHN, HOGLAND JR
STREET ADDRESS 3006 N CORK RD
CITY-ST-ZIP PLANT CITY, FL 33565

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

TITLE SEC ☐ Delete
NAME CAROLYN, LAWSON
STREET ADDRESS 3006 N CORK RD
CITY-ST-ZIP PLANT CITY, FL 33565

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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 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:

Charles Hogland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07

Date

Daytime Phone #