

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 09, 2006 08:00 AM
Secretary of State**

DOCUMENT # P04000037782

1. Entity Name
COPELAND CONCRETE, INC.



Principal Place of Business
39 S COLLEGE ST
MACLENNY, FL 32063

Mailing Address
39 S COLLEGE ST
MACLENNY, FL 32063



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0578957	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COPELAND, SONNY
39 S COLLEGE ST
MACLENNY, FL 32063

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COPELAND, SONNY
STREET ADDRESS	39 S COLLEGE ST
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	D
NAME	COPELAND, ASHLEY
STREET ADDRESS	39 S COLLEGE ST
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	T
NAME	LEE, NATALIE
STREET ADDRESS	39 S COLLEGE ST
CITY-ST-ZIP	MACLENNY, FL 32063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/11/06-80058-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Sonny Copeland Sonny Copeland 1/5/06 904-653-2137