

2591

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000037782

1. Entity Name
COPELAND CONCRETE, INC.

FILED

07 SEP 24 PM 3:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

39 S COLLEGE ST
MACLENNY, FL 32063

Mailing Address

39 S COLLEGE ST
MACLENNY, FL 32063

06052007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0578957Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COPELAND, SONNY
39 S COLLEGE ST
MACLENNY, FL 32063

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 20079. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesIn accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

8/29/25

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09/28/07--01057--011 **150.00

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:

Sonny Copeland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/07 904-334-6812
Date Daytime Phone #