

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # P04000076646 1. Entry Name D & D PRECAST CORP.	
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Principal Place of Business 9601 NORWOOD DRIVE TAMPA, FL 33624	Mailing Address 9601 NORWOOD DRIVE TAMPA, FL 33624
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01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 90-0054862	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

GASPARD, GINETTE
 3620 WHITE BLVD
 NAPLES, FL 34117

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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 _____ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOSEPH, DAMASSE 3620 WHITE BLVD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GASPARD, GINETTE J 3620 WHITE BLVD NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOSEPH, DELMAR 7341 FILBERT LANE TAMPA, FL 33637
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: DELMAR JOSEPH DELMAR JOSEPH 5/1/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #