## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P04000144333** 

1. Entity Name

FORT KING CONCRETE INC.



**FILED** May 02, 2007 08:00 A Secretary of State

Principal Place of Business

2411 N.W. 2ND STR OCALA, FL 34475 US Mailing Address

2411 N.W. 2ND STR OCALA, FL 34475 US



DO NOT WRITE IN THIS SPACE

03222007 No Chg-P CR2E034 (11/05)

5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	56-2473462	Not Applicab
4.	FEI Number	Applied For

6. Name and Address of Current Registered Agent

FOLLINS, MICHAEL K 2411 N.W. 2ND ST OCALA, FL 34473

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pritions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE: Registered	I 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 DIREC	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLLINS, MICHAEL K SR 2411 N.W. 2ND STR OCALA, FL 34475						
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
THE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS C!TY-ST-ZIP			:	IN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000755753 05/23/07-80003-003 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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

Michael Follins