

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 21, 2007 8:00 am**  
**Secretary of State**

02-21-2007 90029 017 \*\*\*150.00

DOCUMENT # P05000018393

1. Entity Name

CONCRETE MAINTENANCE SYSTEMS, INC



Principal Place of Business  
24333 PENHOLLOW CT  
PUNTA GORDA FL 33955

Mailing Address  
24333 PENHOLLOW CT  
PUNTA GORDA FL 33955



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-2284128

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, J DAVID EA  
2511 VASCO STREET  
SUITE 115  
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name **DONALD A. MCTIGHE, JR**

Street Address (P.O. Box Number is Not Acceptable)

**24333 Penhollow CT**

City **Punta Gorda**

FL

Zip Code **33955**

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 **DONALD A. MCTIGHE, JR, President**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

**2-10-07**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete  
NAME **MCTIGHE, DONALD A JR**  
STREET ADDRESS **24333 PENHOLLOW CT**  
CITY ST ZIP **PUNTA GORDA FL 33955**

TITLE **VSD** ☐ Delete  
NAME **MCTIGHE, ANITA M**  
STREET ADDRESS **24333 PENHOLLOW CT**  
CITY ST ZIP **PUNTA GORDA FL 33955**

TITLE **D** ☐ Delete  
NAME **MCTIGHE, DAVID W**  
STREET ADDRESS **1217 E CAPE CORAL PKW # 227**  
CITY ST ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY ST ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY ST ZIP

TITLE ☐ Change ☐ Addition  
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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 Section 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 **DONALD A. MCTIGHE, JR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-10-07**

Date

**941-639-2720**

Daytime Phone #