## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P05000048238

D & E CONCRETE & MASONRY, INC.



**FILED** Apr 09, 2007 08:00 Al Secretary of State

Principal Place of Business

13191 BIRD ROAD FT. MYERS, FL 33905 Mailing Address

13191 BIRD ROAD FT. MYERS, FL 33905



## DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 02082007 No Chg-P

4. FEI Number Applied For 20-2548015 Not Applicable 

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, MICHAEL E 13191 BIRD ROAD FT. MYERS, FL 33905

## DO NOT WRITE IN THIS SDACE

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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 Signature, typed or printed name of registered agent end title if applicable (NOTE: Registered A				required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu			ncing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD REYNOLDS, MICHAEL E 13191 BIRD ROAD FT. MYERS, FL 33905				U00000695956 04/17/07-80079-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZEIGLER, DWAYNE L 13191 BIRD ROAD FT. MYERS, FL 33905				04/11/01/00/013/010 130.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT WRITE
TOTLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE 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 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 apprecia, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR