

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000054224

1. Entity Name
SOUTHERN CONCRETE COATINGS, INC.



Principal Place of Business
8016 GRANADA ROAD
SEBRING, FL 33876

Mailing Address
8016 GRANADA ROAD
SEBRING, FL 33876



04182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5287421

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLIS, JAMIE
8016 GRANADA ROAD

DO NOT WRITE

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 reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000343111
05/29/08-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLIS, MICHAEL L
STREET ADDRESS 8016 GRANADA ROAD
CITY-ST-ZIP SEBRING, FL 33876

TITLE SD
NAME SOLIS, JAMIE A
STREET ADDRESS 8016 GRANADA ROAD
CITY-ST-ZIP SEBRING, FL 33876

TITLE D
NAME ADAMS RULEY, RITA
STREET ADDRESS 8016 GRANADA ROAD
CITY-ST-ZIP SEBRING, FL 33876

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-08

Date

Daytime Phone #