


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 20 PM 2:57

DOCUMENT # P05000093970 1. Entity Name KEITH & DANA'S CONCRETE SERVICE, INC.	
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Principal Place of Business 2268 MAYPORT ROAD SUITE 163 ATLANTIC BEACH, FL 32233	Mailing Address 2268 MAYPORT ROAD SUITE 163 ATLANTIC BEACH, FL 32233
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DO NOT WRITE IN THIS SPACE



08042007 No Chg-P CR2E034 (11/05)

4. FEI Number 42-1672762	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HAYES, DENNIS E ESQ
 2320 THE WOODS DRIVE WEST
 JACKSONVILLE, FL 32246

DO NOT WRITE
IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECOR, KEITH 2268 MAYPORT ROAD, SUITE 163 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUFFEY-SECOR, DANA A 2268 MAYPORT ROAD, SUITE 163 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FENNELL, DARLENE S 2268 MAYPORT ROAD, SUITE 164 ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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100109717281
09/20/07--01058--024 **150.00

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: Keith R. Secor KEITH R. Secor Sr 9/11/07 904 631-8924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #