## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000005096

City-St-Zip:

FILED Apr 27, 2007 Secretary of State

Entity Name: KILGORE'S BRICK PAVERS & TIL	E, INC.
Current Principal Place of Business:	New Principal Place of Business:
2890 WEST HIGHWAY 98 PORT ST. JOE, FL 32456 US	
Current Mailing Address:	New Mailing Address:
11509 PANAMA CITY BEACH PKWY. PANAMA CITY BEACH, FL 32407 US	2890 WEST HIGHWAY 98 PORT ST. JOE, FL 32456 US
FEI Number: 20-4166969 FEI Number Applied For (	) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agen	t: Name and Address of New Registered Agent:
HESS, BRIAN D 9108 FRONT BEACH RD. PANAMA CITY BEACH, FL 32407 US	
The above named entity submits this statement for in the State of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered	d Agent Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: P ( ) Delete Name: KILGORE, JIM Address: 11509 PANAMA CITY BEACH PKWY	Title: P (X) Change ( ) Addition Name: KILGORE, JIM Address: 11921 PANAMA CITY BEACH PKWY

City-St-Zip: PANAMA CITY BEACH, FL 32407 US City-St-Zip: PANAMA CITY BEACH, FL 32407 US **VPS** () Delete Title: (X) Change ( ) Addition ADAMS, MICHAEL A ADAMS, MICHAEL A Name: Name: Address: 11509 PANAMA CITY BEACH PKWY Address: 11921 PANAMA CITY BEACH PKWY PANAMA CITY BEACH, FL 32407 US PANAMA CITY BEACH, FL 32407 US City-St-Zip: City-St-Zip: Title: Title: (X) Change ( ) Addition () Delete Name: KOEPKE, BRIAN E Name: KOEPKE, BRIAN E Address: 2890 WEST HIGHWAY 99 Address: 2890 WEST HIGHWAY 98 PORT ST. JOE, FL 32456 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

PORT ST. JOE, FL 32456 US

SIGNATURE: MICHAEL A ADAMS **VPS** 04/27/2007