

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90067 007 ***150.00

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02152007 Chg-P CR2E034 (12/06)

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|--|---|---|--|--|--|
| DOCUMENT # P06000028667 1. Entity Name DECORATIVE CONCRETE OF THE FIRST COAST, INC. | | | | | |
| Principal Place of Business P.O. BOX 2729 ORANGE PARK, FL 32067 | | | Mailing Address P.O. BOX 2729 ORANGE PARK, FL 32067 | | |
| 2. Principal Place of Business - No P.O. Box # 1033 Blanding Blvd #302 | | 3. Mailing Address 1033 Blanding Blvd #302 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State ORANGE PARK, FL | | City & State ORANGE PARK, FL | | 4. FEI Number 20-3483203 | |
| Zip 32065 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MEAD, MITCHELL S 12920 LANIER ROAD JACKSONVILLE, FL 32226 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST MEAD, MITCHELL S P.O. BOX 2729 ORANGE PARK, FL 32067 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1033 Blanding Blvd Unit 302 ORANGE PARK, FL 32065 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP WHITE, CHRISTOPHER P.O. BOX 2729 ORANGE PARK, FL 32067 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1033 Blanding Blvd Unit 302 ORANGE PARK, FL 32065 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Michelle S. Mead</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 2-15-07 <small>Date Daytime Phone #</small> | | |