## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128228

Entity Name: MIKE'S MASONRY & CONCRETE COMPANY

FILED Apr 14, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

5125 MANGO AVE 1955 W. PHILLIPS CT.

COCOA, FL 32926 US MERRITT ISLAND, FL 32952 US

**Current Mailing Address: New Mailing Address:** 

5125 MANGO AVE 1955 W. PHILLIPS CT.

COCOA, FL 32926 US MERRITT ISLAND, FL 32952 US

FEI Number: 20-5678437 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

THORNTON, LINDA M THORNTON, REESE M 5125 MANGÓ AVE 1955 W. PHILLIPS CT.

COCOA, FL 32926 MERRITT ISLAND, FL 32952 US

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.

SIGNATURE: REESE M. THORNTON 04/14/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: THORNTON, LINDA M THORNTON, REESE M Name: Name: 5125 MANGO AVE 1955 W. PHILLIPS CT. Address: Address: City-St-Zip: COCOA, FL 32926 US City-St-Zip: MERRITT ISLAND, FL 32952 US

Title: VPD Title: VPD (X) Change ( ) Addition () Delete

THORNTON, REESE M THORNTON, REESE M Name: Name: 5125 MANGO AVE Address: 1955 W. PHILLIPS CT. Address: COCOA, FL 32926 US MERRITT ISLAND, FL 32952 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: REESE M. THORNTON PD 04/14/2009