

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000152685

1. Entity Name
ESCAMBIA PRECAST INC.



Principal Place of Business Mailing Address

1300 PAULINE STREET P.O. BOX 705
CANTONMENT, FL 32533 US CANTONMENT, FL 32533 US

FILED
10 APR 20 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500176681255
04/20/10--01043--003 **150.00



03302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0395538

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WIGGINS, GERALD
2110 PULLMAN CIRCLE
PENSACOLA, FL 32526**

**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 *GERALD WIGGINS* 4-12-2010
Signature, typed or printed name of registered agent and the 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**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WIGGINS, GERALD JR.
STREET ADDRESS	881 ELCAMINO DRIVE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	VP
NAME	WIGGINS, GERALD SR.
STREET ADDRESS	2110 PULLMAN CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32533
TITLE	S
NAME	WIGGINS, ERNESTINE
STREET ADDRESS	2110 PULLMAN CIRCLE
CITY-ST-ZIP	PENSACOLA, FL 32526
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 *GERALD WIGGINS* 4-12-2010 (850) 380-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #