

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-05-2007 90046 041 ***150.00

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|--|--|---|---|--|--|
| DOCUMENT # P06000157375 1. Entity Name FLORIDA EAST COAST BRICK PAVERS INC. | | | | | |
| Principal Place of Business 301 A STREET SAINT AUGUSTINE, FL 32080 US | | | Mailing Address 301 A STREET SAINT AUGUSTINE, FL 32080 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 01-0880451 | | | 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 TEELE, DAVID B 301 A STREET SAINT AUGUSTINE, FL 32080 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE</small> | | | | | |
| 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 | PRES TEELE, DAVID B 301 A STREET SAINT AUGUSTINE, FL 32080 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Telle, David B 301 A St. St. Augustine, FL 32080 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP YOUNG, JOSHUA T 979 OXFORD DRIVE SAINT AUGUSTINE, FL 32084 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Pres. Goebel Sharon 301 A St. St. Augustine, FL 32080 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Empty) | |
| 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: | | Date: 2-15-07 | | Daytime Phone #: (904) 806-4096 | |