

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000157375

1. Entity Name
FLORIDA EAST COAST BRICK PAVERS INC.



FILED

07 MAY -7 PM 3:56

CLERK OF STATE
TALLAHASSEE, FLORIDA

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 #
5436 AIA South

3. Mailing Address
5436 AIA South

05032007 Chg-P CR2E034 (12/06)

City & State
St. Augustine, FL

City & State
St. Augustine, FL

Zip
32086

Country

Zip
32086

Country

4. FEI Number
01-0880451

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
TEELE, DAVID B PRES
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)
5436 AIA South
City St. Augustine FL Zip Code 32086

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME TELLE, DAVID B
STREET ADDRESS 301 A STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 ☐ Delete

TITLE P
NAME GOEBEL, SHARON
STREET ADDRESS 301 A STREET
CITY-ST-ZIP SAINT AUGUSTINE, FL 32080 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME
STREET ADDRESS 5436 AIA South
CITY-ST-ZIP St. Augustine, FL 32086 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #