2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097538

Entity Name: MASONRY, PRECAST & CONCRETE CONSTRUCTION, INC.

FILED Jul 08, 2008 Secretary of State

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

5350 CAPITAL NW
TALLAHASSEE, FL 32303
5350 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303
TALLAHASSEE, FL 32303

Current Mailing Address: New Mailing Address:

5350 CAPITAL NW
TALLAHASSEE, FL 32303
5350 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303

FEI Number: 26-0819998 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:

MCRAE & METCALF, P.A.

2612 CENTENNIAL PLACE
TALLAHASSEE, FL 32308 US

TRACY KOLLER
5350 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 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: TRACY KOLLER 07/08/2008

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KELLER, TRACEY

Address: 5350 CAPITAL NW
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: FIORITO, MARC
Address: 5350 CAPITAL NW

City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: BRANTLEY, JOE

Address: 5350 CAPITAL NW
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition

Name: KOLLER, TRACY

Address: 5350 CAPITAL CIRCLE NW City-St-Zip: TALLAHASSEE, FL 32303

Title: P (X) Change () Addition

Name: FIORITO, MARC

Address: 5350 CAPITAL CIRCLE NW City-St-Zip: TALLAHASSEE, FL 32303

Title: VP (X) Change () Addition

Name: BRANTLEY, JOE

Address: 5350 CAPITAL CIRCLE NW City-St-Zip: TALLAHASSEE, FL 32303

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: TRACY KOLLER VP 07/08/2008