

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000094030

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** CITY CONCRETE AND DEMOLITION, INC.

**Current Principal Place of Business:**

469 COOPERWOOD DR  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

469 COOPERWOOD RD  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

469 COOPERWOOD DR  
CRAWFORDVILLE, FL 32327

**New Mailing Address:**

469 COOPERWOOD RD  
CRAWFORDVILLE, FL 32327

FEI Number: 27-3988899

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CLORE, FRANKIN E  
469 COOPERWOOD DR  
CRAWFORDVILLE, FL 32327 US

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

CLORE, FRANKIN E  
469 COOPERWOOD RD  
CRAWFORDVILLE, FL 32327 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/20/2011

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CLORE, FRANKLIN E  
Address: 469 COOPERWOOD RD  
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S/T  
Name: CLORE, PATRICIA M  
Address: 3192 JAMEY RD  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA M CLORE

Electronic Signature of Signing Officer or Director

S/T

04/20/2011

Date