


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000063368 1. Entity Name CONCRETE FOUNDATIONS, INC.	
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Principal Place of Business 6304 BENJAMIN RD STE 505 TAMPA, FL 33634	Mailing Address 6304 BENJAMIN RD STE 505 TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



03112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3259324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, GLORIA S 6304 BENJAMIN RD TAMPA, FL 33634
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**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, GLORIA 6304 BENJAMIN RD 505 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WHITNEY, JOSHUA M 6304 BENJAMIN RD STE 505 TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, ERIC O 6304 BENJAMIN RD, SUITE 505 TAMPA, FL 33634
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/07-80009-016 150.00

**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: 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4/6/07 Date	813-749-9191 Daytime Phone #
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