2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000025595

ELKINS, BERNICE E

132 PRINCE ROAD

CAIRO, GA 39827

Name:

Address:

City-St-Zip:

Entity Name: CUMBIE CONCRETE COMPANY

FILED Feb 05, 2009 Secretary of State

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Current P	rincipal Place	e of Business:	New Principal Place of	New Principal Place of Business:	
	ODLANE CIRC SSEE, FL 323				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	ODLANE CIRC SSEE, FL 323				
FEI Number	: 59-3321747	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
ELKINS, BERNICE E 4871 WOODLANE CIR TALLAHASSEE, FL 32303 US				ELKINS, BERNICE E 4871 WOODLANE CIRCLE TALLAHASSEE, FL 32303 US	
	e named entity e of Florida.	submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATURE:				02/05/2009	
Electronic Signature of Registered Agent			gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DP (CUMBIE, B.T. 8649 COACH I TALLAHASSEE		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	EVP (CUMBIE, DOR 8649 COACH I TALLAHASSEE	RD.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	SMITH, ALEX I	S CREEK ROAD	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	ST () Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: BERNICE E. ELKINS ST 02/05/2009