

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # P96000060607**

1. Entity Name

ST. AUGUSTINE CAST STONE & ARCHITECTURAL  
PRECAST, INC.



Principal Place of Business

4960 CRESCENT TECHNICAL COURT  
SAINT AUGUSTINE, FL 32086 US

Mailing Address

PO BOX 3131  
ST AUGUSTINE, FL 32085-3131 US



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-3390636

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CARCABA, STEVE  
4960 CRESCENT TECHNICAL COURT  
SAINT AUGUSTINE, FL 32086

**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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME CARCABA, STEVE  
STREET ADDRESS 5 OAK RD  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE T  
NAME CARCABA, LESLIE  
STREET ADDRESS 5 OAK RD  
CITY-ST-ZIP ST AUGUSTINE, FL 32080

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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01/22/07-80060-024 150.00

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

1/18/07

904-794-2626

Date

Daytime Phone #