FILED
Apr 30, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000081487

1. Entity Name
T&T CONCRETE FINISHERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 236572 COCOA, FL 32923	P.O. BOX 236572 COCOA, FL 32923

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
55-3601033
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, LEON
3355 AMBERLY ST.
COCOA, FL 32926

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	THOMAS, STEPHEN E
STREET ADDRESS	515 ROCK PIT ROAD #6D
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	THOMAS, STEPHEN E
STREET ADDRESS	515 ROCK PIT ROAD #6D
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D
NAME	ROWE, SHELBY H
STREET ADDRESS	251 LINCOLN ROAD
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	COUNCIL, CHARLES
STREET ADDRESS	811 HILLDALE DR.
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000348370
05/02/05-80022-012 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stephen Thomas 4-27-05 321-636-6897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #