FILED
Apr 12, 2007 08:00 AM
Secretary of State

2007 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

01312007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3601033
☐ 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

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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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 Fee

10. OFFICERS AND DIRECTORS

TITLE	PVPS
NAME	THOMAS, LEON
STREET ADDRESS	3355 AMBERLY ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	TD
NAME	THOMAS, LEON
STREET ADDRESS	3355 AMBERLY ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	BELL, JOHN
STREET ADDRESS	3719 CARTEE STREET
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	

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04/20/07-80144-004 150.00

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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: Leon Thomas Leon Thomas 4-9-07 321-636-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #