


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000081487	
1. Entity Name T&T CONCRETE FINISHERS, INC.	

Principal Place of Business P.O. BOX 236572 COCOA, FL 32923	Mailing Address P.O. BOX 236572 COCOA, FL 32923
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3601033	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMAS, LEON 3355 AMBERLY ST. COCOA, FL 32926	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000882071 04/16/08-80026-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPS THOMAS, LEON 3355 AMBERLY ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMAS, LEON 3355 AMBERLY ST. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JOHN 3719 CARTEE STREET COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COUNCIL, CHARLES 811 HILLDALE DR. COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Leon Thomas = Leon Thomas 4-4-08 321-636-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #