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

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000081495

1. Entity Name
E & L CONCRETE FINISHERS, INC

Principal Place of Business	Mailing Address
PO BOX 236572 COCOA, FL 32923	PO BOX 236572 COCOA, FL 32923

DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E084 (10/03)

4. FEI Number
59-3601035
☐ 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, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when name changed)

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, LEON
STREET ADDRESS	3355 AMBERLY ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	THOMAS, LEON
STREET ADDRESS	3355 AMBERLY ST.
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	GILMORE, DONNEL
STREET ADDRESS	POINSETTE TRAILER PARK, LOT 295
CITY-ST-ZIP	COCOA, FL 32926
TITLE	D
NAME	HAMILTON, STACIE
STREET ADDRESS	650 E. DIXON BLVD., B2
CITY-ST-ZIP	COCOA, FL 32922
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80022-013 150.00

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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: x Leon Thomas x 4-27-05 x 321-631-6887
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #