2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2005 08:00 AM Secretary of State

AGE RD MCKSONVILLE, FL 32225 DO NOT WRITE IN THIS SPACE ACCOUNTING FL 32225 ACCOUNTING FL 32225 ACCOUNTING FL 32225	1. Entity Nam	MENT # P010003860 FILL AND MATERIAL, INC.	00		Secretary of St	ate	
DO NOT WRITE IN THIS SPACE A FEI Number Sp. 3910.97 Applied for 59.3910.97 S. Currificate of Satura District Applied for 59.3910.97 S. Currificate of Satura District Applied for 59.3910.97 S. Currificate of Satura District S. Currificate S. Currificate S. Currificate S. Currificate S.	340 LEE RD.	-	340 LEE RD.				
STEINMAN, SANFORD L 340 LEE RD. JACKSONVILLE, FL 32225 B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the abligations of registered agent. SIGNATURE: Signata, typed or chindrans of registered agent with a familiar with, and accept the abligations of registered agent. Signata, typed or chindrans of registered agent. DATE	E			CE	03032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-3910897 Not Applied For Not Applied For Status Desired \$8.75 Additional		
8. The above named entity submits the sistement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligation of registered agent. SIGNATURE Support, typed or pheed named inequires agent accept to the Problem. Potte Registered Agent signature received when reflecting OAIX FILE NOW!!! FEE IS \$150.00	STEINMAN, SANFORD L 340 LEE RD.			IN THIS SPACE			
After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE DP NAME ITAMI, YAHIA STRETI ADDRESS 340 LEE RD. U00000255539 UTAMI, CONNILE, FL 32225 ITILE DS TITLE TITLE DS TITLE TITLE MAKE STRETI ADDRESS CITY-ST-2IP JACKSONVILLE, FL 32225 DO NOT WRITE IN THIS SPACE TITLE NAME STRETI ADDRESS CITY-ST-2IP TITLE TITLE NAME STRETI ADDRESS CITY-ST-2IP TITLE TITLE TITLE NAME STRETI ADDRESS CITY-ST-2IP TITLE TITLE	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						
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TITLE DS ITANI, CONNIE STREET ADDRESS 340 LEE RD. JACKSONVILLE, FL 32225 DO NOT WRITE IN THIS SPACE IN THIS SPACE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-2IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(0), Florida Statutes. I further certify that the information indicated on this report or supplemential report is true and accurate and that my signature shall have the same legal offsect as if made under oath; that I am an afficier or director of the corporation or the receivery or trustee empowered to expect the ins 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 furth an address, with all or the proportion of the corporation of the receivery of trustee empowered to expect the instruction as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment furth an address, with all or the proportion of the corporation of the receivery of trustee empowered to expect the instruction of the corporation of the receivery of trustee empowered to expect the instruction of the corporation of the receivery of trustee empowered to expect the instruction of the corporation of the receivery of trustee empowered to expect the instruction of the corporation of the receivery of trustee empowered to expect the example of the proportion of the corporation of the receivery of trustee empowered to expect the example of the ex	TITLÉ NAME STREET ADORESS I	DV ITANI, FATMEH 340 LEE RD.		<u></u>	03/08/05-80018-020 150.00		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida 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 exempte 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 of the fire-dempowered. SIGNATURE: 3 3 3 5 9 9 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	name Street address	ITANI, CONNIE 340 LEE RD.			DO NOT WRITE		
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SIGNATURE: (2011) 3/3/05 904-642-1811	NAME STREET ADDRESS (CITY-ST-ZIP					4	
SIGNATURE: (2011) 3/3/05 904-642-1811	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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to export 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 receivers.						