

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90198 029 \*\*\*150.00

**DOCUMENT # 234384**  
 1. Entity Name  
**FLORIDA SILICA GRAVEL CO.**



Principal Place of Business  
**4491 S. STATE RD 7, SUITE 312  
 FT. LAUDERDALE, FL 33314-4048**

Mailing Address  
**181 S BRYAN ROAD  
 DANIA BEACH, FL 33004**

**60034196**



2. Principal Place of Business - No P.O. Box #  
**8500 NW 36 Avenue**

3. Mailing Address  
**4491 S. State Road 7**

Suite, Apt. #, etc.  
**Miami, FL 33147**

Suite, Apt. #, etc.  
**Suite 312**

City & State  
**FL 33147**

City & State  
**FL 33314**

Zip Country

Zip Country

01092008 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-0896861**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>THE BARTHET FIRM                      200 S BISCAYNE BLVD.                      SUITE 1800                      MIAMI, FL 33131</b>	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	FL Zip Code

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 signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	NAME PEGRAM, BETTY STREET ADDRESS 181 S BRYAN ROAD CITY-ST-ZIP DANIA BEACH, FL 33004	TITLE Pres	NAME Pegram, Betty STREET ADDRESS 4491 S. State Road 7, Suite 312 CITY-ST-ZIP Ft. Lauderdale, FL 33314
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME HERWIG, AARON STREET ADDRESS 181 S BRYAN ROAD CITY-ST-ZIP DANIA BEACH, FL 33004	TITLE VP	NAME Herwig, Aaron STREET ADDRESS 4491 S. State Road 7, Suite 312 CITY-ST-ZIP Ft. Lauderdale, FL 33314
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME HERWIG, EMILY STREET ADDRESS 181 S BRYAN ROAD CITY-ST-ZIP DANIA BEACH, FL 33004	TITLE VP	NAME Herwig, Emily STREET ADDRESS 4491 S. State Road 7, Suite 312 CITY-ST-ZIP Ft. Lauderdale, FL 33314
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	NAME PEGRAM, RANDALL STREET ADDRESS 181 S BRYAN ROAD CITY-ST-ZIP DANIA BEACH, FL 33004	TITLE VP	NAME Pegram, Randall STREET ADDRESS 4491 S. State Road 7, Suite 312 CITY-ST-ZIP Ft. Lauderdale, FL 33314
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/T	NAME HERWIG, EMILY STREET ADDRESS 181 S BRYAN ROAD CITY-ST-ZIP DANIA BEACH, FL 33004	TITLE S/T	NAME HERWIG, EMILY STREET ADDRESS 4491 S. State Road 7, Suite 312 CITY-ST-ZIP Ft. Lauderdale, FL 33314
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty D. Pegram **4/21/08 954-923-8280**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Betty D. Pegram