

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 234384

FILED
Apr 01, 2009
Secretary of State

Entity Name: FLORIDA SILICA GRAVEL CO.

Current Principal Place of Business:

8500 NW 36 AVENUE
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

4491 S. STATE ROAD 7
SUITE 312
FORT LAUDERDALE, FL 33314

New Mailing Address:

FEI Number: 59-0896861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE BARTHET FIRM
200 S BISCAYNE BLVD.
SUITE 1800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PEGRAM, BETTY
Address: 4491 S. STATE ROAD 7 SUITE 312
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP () Delete
Name: HERWIG, AARON
Address: 4491 S. STATE ROAD 7 SUITE 312
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP () Delete
Name: HERWIG, EMILY
Address: 4491 S. STATE ROAD 7, SUITE 312
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: VP () Delete
Name: RANDALL, PEGRAM
Address: 4491 S. STATE ROAD 7 SUITE 312
City-St-Zip: FORT LAUDERDALE, FL 33314

Title: ST () Delete
Name: HERWIG, EMILY
Address: 4491 S. STATE ROAD 7, SUITE 312
City-St-Zip: FORT LAUDERDALE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY PEGRAM

PRES

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date