


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 268227

1. Entity Name
TALLAHASSEE MATERIALS INC



Principal Place of Business Mailing Address

4412 W PENSACOLA ST P. O. BOX 2200
 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32316-2200 US



DO NOT WRITE IN THIS SPACE

03222005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-1359389 Not Applicable

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

6. Name and Address of Current Registered Agent

MCKENZIE, (T. L.)
 4412 W PENSACOLA ST
 TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

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, 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	PD
NAME	MCKENZIE, T L
STREET ADDRESS	4412 W PENSACOLA ST
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	VD
NAME	MCKENZIE, MARY LYNN
STREET ADDRESS	4412 W PENSACOLA ST
CITY - ST - ZIP	TALLAHASSEE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000292436
 04/07/05-80068-009 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: T. L. McKenzie - T. L. MCKENZIE 4/4/05 850.575-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #