

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 324844

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** BAXTER'S ASPHALT AND CONCRETE, INC.

**Current Principal Place of Business:**

4049 LAFAYETTE STREET  
MARIANNA, FL 32446 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 938  
MARIANNA, FL 32447 US

**New Mailing Address:**

**FEI Number:** 59-1202042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLOAN, DAVID M  
2535 SPRING CREEK RD  
MARIANNA, FL 32448 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: STD ( ) Delete  
Name: BAXTER, DOROTHY A,  
Address: 2600 BEVIA RD  
City-St-Zip: MARIANNA, FL 32446 US

Title: PD ( ) Delete  
Name: SLOAN, DAVID M  
Address: 2535 SPRING CREEK RD  
City-St-Zip: MARIANNA, FL 32448 US

Title: VSD ( ) Delete  
Name: SLOAN, KATHY,  
Address: 2535 SPRING CREEK RD.  
City-St-Zip: MARIANNA, FL 32448 US

Title: V ( ) Delete  
Name: MILLER, STEVE  
Address: 4588 OAKWOOD DRIVE  
City-St-Zip: MARIANNA, FL 32446 US

**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:

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:** KATHY SLOAN

VSD

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date