


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 441295
1. Entity Name
SANTA ROSA ASPHALT & MATERIALS, INC.



Principal Place of Business: **6247 DELISA ROAD MILTON FL 32583 US**
Mailing Address: **P.O. BOX 36040 PENSACOLA FL 32516 US**



2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State: _____
Zip: _____ Country: _____

4. FEI Number: **59-1533213**
Applied For: Not Applied For:
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MILLS, (GERALD D.)
7320 HAYWARD STREET
PENSACOLA FL**

7. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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: PD	NAME: MILLS, (GERALD D.) STREET ADDRESS: 7320 HAYWARD ST. CITY-ST-ZIP: PENSACOLA FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: ST	NAME: MILLS, PATRICIA A. STREET ADDRESS: 7320 HAYWARD ST. CITY-ST-ZIP: PENSACOLA FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: VT	NAME: BENNICK, MARY L. STREET ADDRESS: 1106 REVERE DR CITY-ST-ZIP: PENSACOLA FL	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	TITLE: _____	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____

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02/11/06-80031-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Mary L. Bennick* Mary L. Bennick, Vice President 1/26/06 850-4568