

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 692802	
1. Entity Name PACE SAND AND GRAVEL COMPANY, INC.	

Principal Place of Business P.O. BOX 395 CENTURY FL 32535	Mailing Address P.O. BOX 395 CENTURY FL 32535
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-2101090	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE VORE, LORINE 1641 MOLINO ROAD MOLINO FL 32577
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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	(Signature, typed or printed name of registered agent and title if applicable)	(NOTE: Registered Agent signature required when reinstated)	DATE
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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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete	NAME GODWIN, MICHAEL D	TITLE ☐ Change ☐ Addition	
STREET ADDRESS 2478 DOUGLAS AVE	CITY-STATE-ZIP BREWTON AL	STREET ADDRESS	
TITLE D ☐ Delete	NAME RAINES, MARILYN J	TITLE ☐ Change ☐ Addition	
STREET ADDRESS 636 GEORGIA LANE	CITY-STATE-ZIP BREWTON AL	STREET ADDRESS	
TITLE DP ☐ Delete	NAME JOHNSON, BETTY L	TITLE ☐ Change ☐ Addition	
STREET ADDRESS 874 GEORGIA LANE	CITY-STATE-ZIP BREWTON AL	STREET ADDRESS	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	
TITLE ☐ Delete	NAME	TITLE ☐ Change ☐ Addition	
STREET ADDRESS	CITY-STATE-ZIP	STREET ADDRESS	

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: <u>Betty L. Johnson</u>	2-9-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date