

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004150

FILED  
Jul 08, 2009  
Secretary of State

Entity Name: R&M AGGREGATES CORPORATION

## Current Principal Place of Business:

4240 COUNTYLINE RD  
LENOX, MI 48050

## New Principal Place of Business:

4240 COUNTY LINE RD  
LENOX, MI 48050

## Current Mailing Address:

PO BOX 612  
RICHMOND, MI 48062

## New Mailing Address:

FEI Number: 38-3267267      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

O'GRADY, JAMES  
3030 ORANGEGROVE TRAIL  
NAPLES, FL 34120 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MANCHIK, RENEE  
Address: 4240 COUNTYLINE RD  
City-St-Zip: LENOX, MI 48050

Title: VP ( ) Delete  
Name: MIANECKI, KATHY  
Address: 72740 RUSS RD  
City-St-Zip: RICHMOND, MI 48062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RENEE MANCHIK

P

07/08/2009

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

\_\_\_\_\_  
Date