## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F93000003627

6898 MILLER BRIDGE RD

HAHIRA, GA 31632

Address:

City-St-Zip:

FILED May 11, 2004 Secretary of State

Entity Name: ROUNTREE MATERIALS, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	CLYATTVILL A, GA 31601	ERD				
Current Mailing Address:			New Mailing Address:			
PO BOX 5 VALDOST	327 A, GA 31603	5327				
FEI Number	: 58-1929750	FEI Number Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
PAYNE, M 327 N HEF LAKE CIT	I. BLAIR RNANDO STF Y, FL 32056	REET US				
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Ag	ent	Date		
		93(2)(b), F.S., the corporation did nongerous funding Trust Fund Contribution().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CP ( ROUNTREE, E 6898 MILL BR HAHIRA, GA	IDGE RD	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VCV ( ROUNTREE, I 6856 FRANKS HAHIRA, GA		Title: Name: Address: City-St-Zip:	ROUNTREE,	S CREEK RD.	
Title: Name: Address: City-St-Zip:	STD ( ROUNTREE, \$ 2016 OAKDAL VALDOSTA, G	E DR	Title: Name: Address: City-St-Zip:	STD ROUNTREE, 6119 SHILOH HAHIRA, GA	H ROAD	
Title: Name:	D ( ROUNTREE, I	) Delete NA H	Title: Name:		( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: INA H. ROUNTREE D 05/11/2004