2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # F97000006334

1. Entity Name
ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, INC.

Principal Place of Business	Mailing Address
4230 S. MCDILL AVE. SUITE 218 TAMPA, FL 33611	PO BOX 408 STORMVILLE, NY 12582

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
41-1761449
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000338558
01/31/06-80002-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	PETTY, J. D.
STREET ADDRESS	15950 S. LORANG RD.
CITY-ST-ZIP	ELBURN, IL 60119
TITLE	P
NAME	BURMER, CLAUDIA
STREET ADDRESS	4230 S. MACDILL AVE., SUITE 218
CITY-ST-ZIP	TAMPA, FL 33611
TITLE	S
NAME	DOHERTY, DARREN
STREET ADDRESS	PO BOX 408
CITY-ST-ZIP	STORMVILLE, NY 12582
TITLE	D
NAME	SIMPSON, TOM
STREET ADDRESS	926 S. HIGHWAY DR.
CITY-ST-ZIP	FENTON, MO 63026
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Darren Doherty Darren Doherty President 1/18/06 845-221-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #