

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006334

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: ASSOCIATION OF INDEPENDENT QUIKRETE LICENSEES, INC.

**Current Principal Place of Business:**

4230 S. MCDILL AVE.  
SUITE 218  
TAMPA, FL 33611

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 408  
STORMVILLE, NY 12582

**New Mailing Address:**

FEI Number: 41-1761449      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: PETTY, J. D.  
Address: 15950 S. LORANG RD.  
City-St-Zip: ELBURN, IL 60119

Title: P ( ) Delete  
Name: BURMER, CLAUDIA  
Address: 4230 S. MACDILL AVE., SUITE 218  
City-St-Zip: TAMPA, FL 33611

Title: S ( ) Delete  
Name: DOHERTY, DARREN  
Address: PO BOX 408  
City-St-Zip: STORMVILLE, NY 12582

Title: D ( ) Delete  
Name: SIMPSON, TOM  
Address: 926 S. HIGHWAY DR.  
City-St-Zip: FENTON, MO 63026

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DARREN DOHERTY

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

SECR

04/14/2009

\_\_\_\_\_ Date