

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90042 018 ***158.75

DOCUMENT # K68276

1. Entity Name
DICKERSON AGGREGATES, INC.



Principal Place of Business
**1501 CHARLOTTE AVENUE
P.O. BOX 5011
MONROE, NC 28111-5011**

Mailing Address
**PO Box 910
Fort Pierce, FL 34954**



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-1648194

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ALMEREZ, SUSAN
3122 N. 25TH STREET
FT. PIERCE, FL 34954**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
DALE, LARRY
P.O. BOX 910
FORT PIERCE, FL 34954**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JOYNER, JOHN
5011 CHARLOTTE HWY
MONROE, NC 28111**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HEIMER, LARRY D SR
1082 SW LONGFELLOW RD
PORT ST LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/06 772 429 4444