

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L05636

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** AGGREGATE HAULERS INC.

**Current Principal Place of Business:**

% JOHN L. SHADD  
HWY 121 SOUTH  
LAKE BUTLER, FL 32054

**New Principal Place of Business:**

**Current Mailing Address:**

% JOHN L. SHADD  
P.O. BOX 506  
LAKE BUTLER, FL 32054

**New Mailing Address:**

**FEI Number:** 59-2958310

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHADD, JOHN L  
HWY 121 SOUTH  
LAKE BUTLER, FL 32054 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SHADD, JOHN L.  
Address: HWY 121 SOUTH  
City-St-Zip: LAKE BUTLER, FL

Title: VP  
Name: PRITCHETT, M.H  
Address: 1050 SE 6TH ST  
City-St-Zip: LAKE BUTLER, FL 32054

I hereby 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 all other like empowered.

SIGNATURE: JOHN SHADD

RA

04/23/2012

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

\_\_\_\_\_  
Date