

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90309 042 ***150.00

DOCUMENT # L17177

1. Entity Name
AGGREGATE MATERIALS, INC.



Principal Place of Business

**C/O JOHN L. SHADD
P.O. BOX 506
LAKE BUTLER, FL 32054**

Mailing Address

**C/O JOHN L. SHADD
P.O. BOX 506
LAKE BUTLER, FL 32054**

50019581.



01312006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2965286

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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	DP
NAME	SHADD, JOHN L.
STREET ADDRESS	HWY 121 SOUTH
CITY-ST-ZIP	LAKE BUTLER, FL
TITLE	D
NAME	DRIGGERS, CASSANDRA
STREET ADDRESS	9678 SW SR 121
CITY-ST-ZIP	LAKE BUTLER, FL 32054
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

3-17-06

Date

386-496-2631

Daytime Phone #