

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L17177

FILED
Jan 14, 2009
Secretary of State

Entity Name: AGGREGATE MATERIALS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

C/O JOHN L. SHADD
9678 SW SR 121
LAKE BUTLER, FL 32054

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2965286 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHADD, JOHN L.
Address: HWY 121 SOUTH
City-St-Zip: LAKE BUTLER, FL

Title: DS () Delete
Name: DRIGGERS, CASSANDRA
Address: 9678 SW SR 121
City-St-Zip: LAKE BUTLER, FL 32054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN L. SHADD

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date