

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # L46810 1. Entity Name AMERICAN SAND & XCAVATION, INC.	
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Principal Place of Business 2911 S. HIGHWAY 77 LYNN HAVEN, FL 32444 US	Mailing Address 2911 S. HWY. 77 LYNN HAVEN, FL 32444 US
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DO NOT WRITE IN THIS SPACE



04162008 No Chg-P 0826034 (1/05)

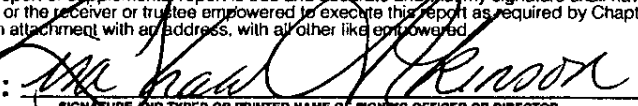
4. FEI Number 59-2990776	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHAW, WILLIAM E., JR. 2911 S HWY 77 LYNN HAVEN, FL 32444
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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 registering) DATE: _____	DO NOT WRITE IN THIS SPACE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000909667 05/06/08-80073-013 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SHAW, WILLIAM E., JR. 2911 S. HWY. 77 LYNN HAVEN, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ATKINSON, LISA SHAW 2911 S. HWY 77 LYNN HAVEN, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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:  4/16/08 (850) 763-4300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #