


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90029 005 \*\*\*\*70.00

**DOCUMENT # N99000004038**

1. Entity Name  
**MIAMI-DADE LIMESTONE PRODUCTS ASSOCIATION, INC.**



Principal Place of Business  
**13292 NW 118 AVE  
 MIAMI, FL 33178**

Mailing Address  
**13292 NW 118 AVE  
 MIAMI, FL 33178**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

06202006 Chg-NP CR2E037 (4/06)

City & State

4. FEI Number  
**59-0663819**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**TOMAS-MARTINEZ, VICTORIA E  
 13292 NW 118 AVE  
 MIAMI, FL 33178**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 *Victoria E. Martinez* DATE 4/20/06

Signature, typed or printed name of registered agent and trustee, if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KIRKMYER, CLIFF	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HURLEY, JIM	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WATSON, KARL	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	VECELLIO, LEO	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, HARDY	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAKER, JOHN	
STREET ADDRESS	13292 NW 118 AVE	
CITY-ST-ZIP	MIAMI, FL 33178	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 617, 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: Cliff Kirkmyer DATE: 7/1/06 (561) 803-6102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #