2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 08:00 AM Secretary of State

941-637-3723 Daytrine Phone •

ANNUAL REPORT					111a1 10, 2005 00.00 1			
DOCUMENT # P02000068414 1. Entity Name BEST AGGREGATE CARRIERS, INC.					Sec	cretary	of State	
12164 TAM	ce of Business IAMI TR DA, FL 33955	Mailing Address 12164 TAMIAMI TR PUNTA GORDA, FL 33955					53 4 11 4 141407 17 4001	
E	OO NOT WRITE	IN THIS SPA	CE	01112005 4. FEI Numb 03-046	No Chg-P	CR2E034 (10		
	Name and Address of Current R	egistered Agent						
YOUNG, JERRY T 12164 TAMIAMI TR PUNTA GORDA, FL 33955			DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for tions of registered agent.	the purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am familia	with, and accept	
SIGNATURE.	Signature typed or printed name of registered agent an	d title if applicable (NOTE Registere	d Agent signature required	t when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	S. Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS						
TITLE NAME STREET ADDRESS CITY+ST-ZIP	D YOUNG, JERRY T 12164 TAMIAMI TR PUNTA GORDA, FL 33955	 . .			U00000 03/10/05-	- 258506 80045-001	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST YOUNG, JERRY T 12164 TAMIAMI TR PUNTA GORDA, FL 33955			·				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<i>-</i>		NOT W			
TITLE NAME STREET ADDRESS CITY+ST-ZIP				IN T	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					=.		,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND WHED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: