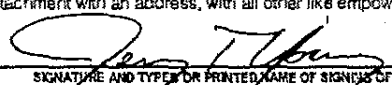


FILED
Jan 27, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000068414		
1. Entity Name BEST AGGREGATE CARRIERS, INC.		
Principal Place of Business 12164 TAMiami TR PUNTA GORDA, FL 33955		Mailing Address 12164 TAMiami TR PUNTA GORDA, FL 33955
DO NOT WRITE IN THIS SPACE		
		 01172006 No Chg-P CR2E034 (11/05)
4. FEI Number 03-0466009		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
YOUNG, JERRY T 12164 TAMiami TR PUNTA GORDA, FL 33955		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, type, or print name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing) 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	D	
NAME	YOUNG, JERRY T	
STREET ADDRESS	12164 TAMiami TR	
CITY- ST- ZIP	PUNTA GORDA, FL 33955	
TITLE	PVST	
NAME	YOUNG, JERRY T	
STREET ADDRESS	12164 TAMiami TR	
CITY- ST- ZIP	PUNTA GORDA, FL 33955	
TITLE		
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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: 		1-23-06 941-637-3723
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/mon/Year