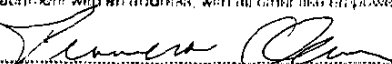


FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90999 020 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000112950					
1. Entity Name BEDROCK STONE TRUCKING COMPANY					
Principal Place of Business 2845 20 AVE SE NAPLES, FL 34117		Mailing Address 2845 20 AVE SE NAPLES, FL 34117		14019032 	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. # etc.		Suite, Apt. # etc.		04292004 Chg. P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 41-2124697	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLIVA, FRANCISCO 2845 20 AVE SE NAPLES, FL 34117				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 _____ Signature of the person or persons of registered agent and fee is applicable. (NOTE: Registered Agent's signature required when re-appointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P OLIVA, FRANCISCO 2845 20 AVE SE NAPLES, FL 34117	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(1)(b), 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 as changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4-29-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					