

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90034 026 ***163.75

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
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2. Principal Place of Business 2845 20th Ave SE	3. Mailing Address 2845 20th Ave SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State NAPLES FLORIDA	City & State NAPLES FLA
Zip 34117	Country CULIOR

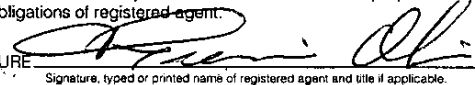
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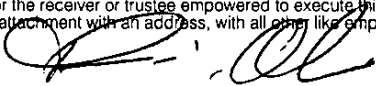
4. FEI Number 41-2124697	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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 OLIVA FRANCISCO Street Address (P.O. Box Number is Not Acceptable) 2845 20th Ave SE City NAPLES FL Zip Code 34117
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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  DATE 3/9/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution: <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P OLIVA, FRANCISCO 2845 20 AVE SE NAPLES, FL 34117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 	Date _____ Daytime Phone # _____