2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000127922

Entity Name: COLORED AGGREGATE SYSTEMS, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
1616 SOUT LEESBURG	H 14TH STREE 6, FL 34748	ĒΤ			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1616 SOUTH 14TH STREET LEESBURG, FL 34748			P. O. BOX 490180 LEESBURG, FL 34749	P. O. BOX 490180 LEESBURG, FL 347490180	
FEI Number:	20-0371806	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
	H 14TH STREE	ET US			
The above in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,	
SIGNATUR	E:				
		Signature of Registered Agen	t	Date	
Election Cam	paign Financing 1	rust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D BROWNE, GREG 1616 S 14TH ST LEESBURG, FL		Title: (Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	VCFO () D JONES, GARY L 1616 S 14TH ST LEESBURG, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOP () D HORTON, FRED 8188 S ORANGE ORLANDO, FL 33	JR AVE	Title: (Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () C CHERRY, JOHN I 1616 S. 14TH ST. LEESBURG, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. JONES CFO 03/19/2009