


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2006 8:00 am
Secretary of State

03-27-2006 90274 017 ***150.00

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------|----------|
| DOCUMENT # P04000159614 | |  | |
| 1. Entity Name LIMEROCK TRUCKING CORP | | | |
| Principal Place of Business 460 S RIDGEWOOD AVE ORMOND BEACH FL 32174 US | | Mailing Address 460 S RIDGEWOOD AVE ORMOND BEACH FL 32174 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent STOUFF, VIOLENE S 460 S RIDGEWOOD AVE ORMOND BEACH FL 32174 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | Zip Code |
| FL | | | |
| 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 | |
| Signature, typed or printed name of registered agent and title a position | | (NOTE: Registered Agent signature required when re-electing) | |
| FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE | P | <input type="checkbox"/> Delete | |
| NAME | STOUFF, VIOLENE S | | |
| STREET ADDRESS | 460 S RIDGEWOOD AVE | | |
| CITY- ST- ZIP | ORMOND BEACH FL 32174 | | |
| TITLE | DIR | <input type="checkbox"/> Delete | |
| NAME | STOUFF, CHARLES | | |
| STREET ADDRESS | 460 S RIDGEWOOD AVE | | |
| CITY- ST- ZIP | ORMOND BEACH FL 32174 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 Section 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: <u>Violene S. Stoff</u> | | Date: <u>3/20/06</u> 386-615-6786 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR | | Date | |