

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **20-1925960**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOUFF, VIOLENE S
 460 S RIDGEWOOD AVE
 ORMOND BEACH FL 32174**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee Will Be \$550.00
 Make Check Payable to Florida Department of State**

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 11

TITLE **P** Delete
 NAME **STOUFF, VIOLENE S**
 STREET ADDRESS **460 S RIDGEWOOD AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

Change Addition
**U00000615194
 02/06/07-80061-012 150.00**

TITLE **DIR** Delete
 NAME **STOUFF, CHARLES**
 STREET ADDRESS **460 S RIDGEWOOD AVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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: Violenne S. Stouff - VIOLENE S. Stouff - President - 1-28-07 1-356-49387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #