

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000166321	
1. Entity Name MACON COUNTY SAND COMPANY	

Principal Place of Business 1616 SOUTH 14TH STREET LEESBURG, FL 34748	Mailing Address 1616 SOUTH 14TH STREET LEESBURG, FL 34748
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 32-0134598	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JONES, GARY L 1616 SOUTH 14TH STREET LEESBURG, FL 34748

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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00000398515
01/31/06-80001-002 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREGG, F. BROWNE 1616 SOUTH 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GREGG, F. BROWNE 1616 SOUTH 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARRETT, KYLE K 1616 SOUTH 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS JONES, GARY L 1616 SOUTH 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO JONES, GARY L 1616 SOUTH 14TH STREET LEESBURG, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Gary L Jones CFO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/06

Date

352 365 6522

Daytime Phone #