2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2008 8:00 am Secretary of State

Mailing Actives In Sis SOUTH 14TH STREET LESBURG, FL 34748 Z. Principal Price all Susiness: No P.C. Box in 3. Mailing Actives Salte. April 4; 6c. Salte. April 5; 6c. Salte. April 4; 6c. Salte. April 6; 6c. Salte	DOCUMENT # P04000166321 1. Entity Name MACON COUNTY SAND COMPANY						(04-23-2008 9	90012 01	5 ***150.	00	
LESSURG, FL 34748 LESSURG, FL 3	Principal Place of Business Mailing Address											
Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. 03052008 Chg.P CR2E034 (12/05)	1616 SOUTH 14TH STREET		· · · · · · · · · · · · · · · · · · ·						TI KRIZ DIND DA	40 (4) 1 1 1 1 1 1 1 1 1	41) K (12) `	
City & State City & Country City	2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address									
Zip Country Zip Country Zip Country S. Certificate of Satus Desireo St. 75 Additional Pee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required Tee Required Agent 1616 SOUTH 14TH STREET LEESBURG, FL 34748 City FL Zip Code	Suite, Apt. #, etc.		Suite, Apt. #, etc.			030	052008	Chg-P	CR2E0	34 (12/06)		
Single Applied Change	City & State		City & State			1		598				
Nones Carry Carr	Zip	Country	Zip	Countr		5. (5. Certificate of Status Desireo			\$8.75 Add Fee Required	itional 1	
Street Address (P.O. Box Number is Not Acceptable)	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent											
Sireal Address (P.O. Box Number is Not Acceptable) City		. =			Name							
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: Signature required when a considered agent and see a apostance (incide agent and see a apostance (incide agent and see a apostance) On Te	1616 SOUTH 14TH STREET				Street Address (P.O. Box Number is Not Acceptable)							
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			h this filing does not qualify (ontained in C	hanter 110	Florida Statutes	I further cer	tify that the i	nformation	

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

352 365 6522 Daytime Phone *