

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000036681

FILED
May 11, 2009
Secretary of State

Entity Name: AMERICAN AGGREGATE HAULERS, INC.

Current Principal Place of Business:

2866 N HWY 95A
CANTONMENT, FL 32533 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 849
GONZALEZ, FL 32560 US

New Mailing Address:

FEI Number: 20-3009855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, C.R. SR.
10391 OLD DAIRY LANE
PENSACOLA, FL 32534 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CAMPBELL, C.R. SR.
Address: 10391 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32534 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAMPBELL, C.R. SR.
Address: 10391 OLD DAIRY LANE
City-St-Zip: PENSACOLA, FL 32534 US

Title: VD () Change (X) Addition
Name: CAMPBELL, MICHAEL
Address: P.O. BOX 159
City-St-Zip: JAY, FL 32565

Title: VD () Change (X) Addition
Name: CAMPBELL, BILLY R
Address: 1340 BRICKTON ROAD
City-St-Zip: MOLINO, FL 32577

Title: STD () Change (X) Addition
Name: CAMPBELL, KAY
Address: 1340 BRICKTON ROAD
City-St-Zip: MOLINO, FL 32577

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: KAY CAMPBELL

STD

05/11/2009

Electronic Signature of Signing Officer or Director

Date