

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 031 ***158.75

DOCUMENT # P06000148842

1. Entity Name
FLORIDA ROCK AND SAND COMPANY, INC.



Principal Place of Business
**17900 SW 288TH STREET
HOMESTEAD, FL 33030**

Mailing Address
**17900 SW 288TH STREET
HOMESTEAD, FL 33030**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

40129140



08082007 Chg-P CR2E034 (12/06)

4. FEI Number
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**MAAS, JOHN P ESQ.
44 NE 16TH STREET
HOMESTEAD, FL 33030**

7. Name and Address of New Registered Agent
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating)

**FILE NOW! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORCISE, STEVE 17900 SW 288TH STREET HOMESTEAD, FL 33030 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORCISE, JOYCE 17900 SW 288TH STREET HOMESTEAD, FL 33030 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: STEVE TORCISE Pres 8-07-07 305-246-1885
SIGNATURE AND TITLE OF REGISTERED AGENT OR BOARD OFFICER OR DIRECTOR Date Daytime Phone #
(Cell) 305-342-0014