

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000077831

**Entity Name:** AGGREGATE SPECIALTIES INC.

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

26837 LOST WOODS CIRCLE  
BONITA SPRINGS, FL 34135 US

**New Principal Place of Business:**

**Current Mailing Address:**

26837 LOST WOODS CIRCLE  
BONITA SPRINGS, FL 34135 US

**New Mailing Address:**

FEI Number: 80-0752586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GOWDISH, LAWRENCE  
26837 LOST WOODS CIR.  
BONITA SPRINGS, FL 34135 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: DIR  
Name: GOWDISH, LAWRENCE  
Address: 26837 LOST WOODS CIR.  
City-St-Zip: BONITA SPRINGS, FL 34135 US

Title: DIR  
Name: MIGLIAZZO, ROCCO  
Address: 940 11TH. STREET S.W.  
City-St-Zip: NAPLES, FL 34117 US

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE GOWDISH

DIR.

03/22/2012

Electronic Signature of Signing Officer or Director

Date