

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000004095

1. Entity Name

NORTH FLORIDA LIMEROCK CORPORATION



Principal Place of Business

**P O BOX 1309
MONROE NC 28111**

Mailing Address

**P O BOX 1309
MONROE NC 28111**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
56-1807682

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-electing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	☐ Delete
NAME	CATES, ARTHUR K	
STREET ADDRESS	PO BOX 177	
CITY- ST- ZIP	NEWBERRY FL 32669	
TITLE	D	☐ Delete
NAME	BROOME, TOMMY L	
STREET ADDRESS	P O BOX 1309 N/A	
CITY- ST- ZIP	MONROE NC	
TITLE	P	☐ Delete
NAME	ROGERS LARRY	
STREET ADDRESS	2029 NW 65TH PLACE	
CITY- ST- ZIP	GAINESVILLE FL	
TITLE	T	☐ Delete
NAME	SUTTON, JERRY	
STREET ADDRESS	P O BOX 1309 N/A	
CITY- ST- ZIP	MONROE NC 28111	
TITLE	S	☐ Delete
NAME	ROGER, TOMMY	
STREET ADDRESS	3107 NW COUNTY RD 235	
CITY- ST- ZIP	NEWBERRY FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		☐ Change ☐ Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Add
NAME		
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STREET ADDRESS		
CITY- ST- ZIP		

**UN00000421564
02/16/06-80041-018 150.00**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Jerry Sutton

2-2-06

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