

FROM :

FAX NO. :

Apr. 26 2006 11:34AM P2

FILED
May 01, 2006 08:00 A
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000051032

1. Entity Name

FLORIDA KEYS AGGREGATE, INC.



Principal Place of Business

10610 7TH AVENUE, GULF
MARATHON, FL 33050

Mailing Address

10610 7TH AVENUE, GULF
MARATHON, FL 33050

04252006

No Chg-F

CR2E034 (11/05)

4. FEI Number

65-0503265

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

WOLFE, JOHN J
2955 OVERSEAS HIGHWAY
MARATHON, FL 33050**DO NOT WRITE
IN THIS SPACE**

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 when filing

(NONE Registered Agent/Minister of Corporate Services when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution.☐**\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DPST
VAN BEUREN, PAUL H
1570 BLUEFIN DR
MARATHON, FL 33050

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Urgency Phone #