

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000052207

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA AGGREGATE SALES INC.

**Current Principal Place of Business:**

1822 OLD OKEECHOBEE ROAD  
B  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 16426  
WEST PALM BEACH, FL 33416 US

**New Mailing Address:**

**FEI Number:** 65-0502334      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TUCKER, STANLEY A  
1822 OLD OKEECHOBEE ROAD  
B  
WEST PALM BEACH, FL 33409 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  
**Name:** TUCKER, STANLEY A  
**Address:** 1771 CARANDIS RD.  
**City-St-Zip:** WEST PALM BEACH, FL 33406 US

**Title:** ST  
**Name:** MAXWELL, JUDITH S  
**Address:** P.O. BOX 16249  
**City-St-Zip:** WEST PALM BEACH, FL 33416 US

**Title:** VP  
**Name:** COOK, WILLIAM D  
**Address:** 13540 VIA ROMA CIRCLE  
**City-St-Zip:** CLERMONT, FL 34711 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:** STANLEY A. TUCKER

P

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date