

**2005 FOR PROFIT CORPORATION
-ANNUAL REPORT**

FILED
-Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000014996
1. Entity Name
CENTRAL FLORIDA AGGREGATE, INC.



Principal Place of Business Mailing Address
511 MULBERRY ST **PO BOX 1069**
COLEMAN, FL 33521 **COLEMAN, FL 33521**

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3303927 Not Applicable

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

6. Name and Address of Current Registered Agent
MCLAUGHLIN, PATRICK
511 MULBERRY ST
COLEMAN, FL 33521

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCLAUGHLIN, PATRICK
STREET ADDRESS	PO BOX 1586
CITY-ST-ZIP	BELLEVUE, FL 34421
TITLE	ST
NAME	MCLAUGHLIN, DONNA P
STREET ADDRESS	PO BOX 1586
CITY-ST-ZIP	BELLEVUE, FL 34421
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/13/05-80055-020 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Donna Mclaughlin 3/25/05 352-748-3482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #