

**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

511 MULBERRY ST
COLEMAN, FL 33521

Mailing Address

PO BOX 1069
COLEMAN, FL 33521

DO NOT WRITE IN THIS SPACE



03172005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3303927

Applied For

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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

P
MCLAUGHLIN, PATRICK
PO BOX 1586
BELLEVIEW, FL 34421

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
MCLAUGHLIN, DONNA P
PO BOX 1586
BELLEVIEW, FL 34421

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

000000302037
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05

352-748-3482

Date

Daytime Phone #