


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000091895</b> 1. Entity Name <b>CONTRACTOR SAND &amp; SUPPLY, INC.</b>	
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Principal Place of Business <b>11099 S. OLD DIXIE SEBASTIAN, FL 32958 US</b>	Mailing Address <b>P.O. BOX 443 WABASSO, FL 32970 US</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0638028</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**BROWN, LEE  
122 NEBRASKA CIRCLE  
SEBASTIAN, FL 32958**

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, LEE 122 NEBRASKA CIRCLE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, RALPH A 76 TALLWOOD RD JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, MAX L 7521 LABARRINGTON BLVD. POWELL, TN 37849
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, JUNE 11099 S. OLD DIXIE SEBASTIAN, FL 32958
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STURGIS, GAYLE B 3215 62ND CT. VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/07/05-80009-014 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Lee Brown 1-6-05 772-589-5591  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #