

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000091895**

Entity Name  
**CONTRACTOR SAND & SUPPLY, INC.**



Principal Place of Business

**099 S. OLD DIXIE  
SEBASTIAN, FL 32958 US**

Mailing Address

**P.O. BOX 443  
WABASSO, FL 32970 US**



01072006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

000000385981  
01/18/06-80040-006 150.00

**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

**OFFICERS AND DIRECTORS**

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

**DO NOT WRITE  
IN THIS SPACE**

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 furnished 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.

**NATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Lee Brown** 1-11-06 772-589-7292