

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000091895

1. Entity Name
CONTRACTOR SAND & SUPPLY, INC.



Principal Place of Business
**11099 S. OLD DIXIE
SEBASTIAN, FL 32958 US**

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



02072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000630121
02/13/07-80022-007 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-07

Date

772-589-5591

Daytime Phone #