

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90042 023 \*\*\*150.00

50002154



<b>DOCUMENT # P95000091895</b> 1. Entity Name <b>CONTRACTOR SAND &amp; SUPPLY, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 50349</b> Suite, Apt. #, etc.			
City & State <b>JACKSONVILLE BEACH FL</b>		City & State <b>JACKSONVILLE BEACH FL</b>		4. FEI Number <b>65-0638028</b>	
Zip <b>32240</b>	Country <b>USA</b>	Zip <b>32240</b>	Country <b>DUVAL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BROWN, LEE 122 NEBRASKA CIRCLE SEBASTIAN, FL 32958</b>				7. Name and Address of New Registered Agent Name <b>RALPH A. BROWN</b> Street Address (P.O. Box Number is Not Acceptable) <b>76 TALLWOOD RD</b> City <b>JACKSONVILLE BEACH FL</b> Zip Code <b>32250</b>	
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: <b>3/23/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, LEE</b> <input type="checkbox"/> Delete <b>122 NEBRASKA CIRCLE</b> <b>SEBASTIAN, FL 32958</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BROWN, LEE</b> <b>1923 6TH AVE SE</b> <b>VERO BEACH, FL 32962</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, RALPH A</b> <b>76 TALLWOOD RD</b> <b>JACKSONVILLE BEACH, FL 32250</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, MAX L</b> <b>7521 LABARRINGTON BLVD.</b> <b>POWELL, TN 37849</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BROWN, JUNE</b> <b>11099 S. OLD DIXIE</b> <b>SEBASTIAN, FL 32958</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>BROWN, JUNE</b> <b>P.O. Box 1158</b> <b>WABASSO FL 32970</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>STURGIS, GAYLE B</b> <b>3215 62ND CT.</b> <b>VERO BEACH, FL 32966</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>MAX L. BROWN</b> <b>3/24/2008 865 556 9357</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #</small>					