

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000055790

FILED
Apr 30, 2004
Secretary of State

Entity Name: BONITA GRANDE ROCK & SAND CO.

Current Principal Place of Business:

25501 BONITA GRANDE DR
BONITA SPRINGS, FL 33135 US

New Principal Place of Business:

Current Mailing Address:

25501 BONITA GRANDE DR
BONITA SPRINGS, FL 33135 US

New Mailing Address:

FEI Number: 59-3400070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIESKY, JAMES H
1000 NORTH TAMIAMI TRAIL, SUITE 201
NAPLES, FL 33940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HUBSCHMAN, SAMUEL
Address: 6562 TRAIL BLVD
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: HUBSCHMAN, HARRISON
Address: 6607 CHESTNUT CIRCLE
City-St-Zip: NAPLES, FL 341097811

Title: D () Delete
Name: HUBSCHMAN, ALBERT
Address: 525 SOLL STREET
City-St-Zip: NAPLES, FL 34109

Title: D () Delete
Name: BRZESKI, TERYL
Address: 5147 SEAHORSE AVE
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMUEL HUBSCHMAN

PD

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date