


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90040 012 ***150.00

DOCUMENT # P96000055790	
1. Entity Name BONITA GRANDE ROCK & SAND CO.	

Principal Place of Business 23301 BONITA GRANDE DR BONITA SPRINGS, FL 33135 US 2223 TRADE CENTER WAY NAPLES, FL 34109 US	Mailing Address 25501 BONITA GRANDE DR BONITA SPRINGS, FL 33135 US 2223 TRADE CENTER WAY NAPLES, FL 34109 US
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DO NOT WRITE IN THIS SPACE



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3400070	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

**SIESKY, JAMES H
1000 NORTH TAMiami TRAIL, SUITE 201
NAPLES, FL 33940**

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUBSCHMAN, SAMUEL 6603 TRAIL BLVD 2140 HAWKS RIDGE DR #1703 NAPLES, FL 34108 NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMAN, HARRISON 6607 CHESTNUT CIRCLE 101 CARICA ROAD NAPLES, FL 34109 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUBSCHMAN, ALBERT 525 SOLL STREET NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRZESKI, TERYL 5147 SEAHORSE AVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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:  **4/5/05** **239-566-2780**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

HARRISON HUBSCHMAN