2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000037293

Entity Name: ANDERSON MATERIALS CO., INC.

FILED Apr 14, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
	UERDON STR Y, FL 3205618			871 NW GUERDON STREET LAKE CITY, FL 32055 US New Mailing Address:		
Current M	lailing Addres	s:	New Mai			
P.O. BOX 1829 LAKE CITY, FL 320561829 US			P.O. BOX LAKE CIT	(1829 Y, FL 32055	US	
FEI Number:	: 59-3444614	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name an	Name and Address of New Registered Agent:		
871 NW G	ER, BRIAN P JUERDON ST Y, FL 32055	US	871 NW (BER, BRIAN P GUERDON STI Y, FL 32055	REET US	
The above in the State	named entity se of Florida.	submits this statement for the p	ourpose of changing	its registered of	office or registered agent, or both,	
SIGNATURE:				04/14/2009		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD () SCHREIBER, B 871 NW GUERI LAKE CITY, FL	DON ST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () ANDERSON, DO 871 NW GUERI LAKE CITY, FL	DON ST	Title: Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	ST () CHILDERS, CIN HWY 349 NOR' OLD TOWN, FL	ГН	Title: Name: Address: City-St-Zip:	CHILDERS, CI HWY 349 NOR	RTH	
Title: Name: Address: City-St-Zip:	D () ANDERSON, JO HWY 349 NOR' OLD TOWN, FL	ГН	Title: Name: Address: City-St-Zip:	D (X ANDERSON, J HWY 349 NOR OLD TOWN, F	RTH	
Title: Name: Address: City-St-Zip:	D () ANDERSON, JO HWY 349 NOR' OLD TOWN, FL	ГН	Title: Name: Address: City-St-Zin:	ANDERSON, J HWY 349 NOR	RTH	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BRIAN SCHREIBER SECR 04/14/2009