


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 8:00 am**  
**Secretary of State**

05-08-2006 90267 001 \*\*\*150.00

<b>DOCUMENT # P97000038838</b> 1. Entity Name <b>AGGREGATE PRODUCTS, INC.</b>	
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Principal Place of Business <b>HIGHWAY 121 SOUTH P O BOX 506 LAKE BUTLER, FL 32054</b>	Mailing Address <b>HIGHWAY 121 SOUTH P O BOX 506 LAKE BUTLER, FL 32054</b>
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**DO NOT WRITE IN THIS SPACE**



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3580330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**DRIGGERS, CASSANDRA  
HIGHWAY 121 SOUTH  
LAKE BUTLER, FL 32054**

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>DRIGGERS, CASSANDRA</del> <del>HIGHWAY 121 SOUTH, BOX 506</del> <del>LAKE BUTLER, FL 32054</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John L Shadd President 9678 SE SR 121 Lake Butler, Fla 32054
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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: John L Shadd 3-17-06 386-496-2631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #