

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90001 007 ***158.75

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1. Entity Name
SMR AGGREGATES, INC.



Principal Place of Business
**14400 COVENANT WAY
BRADENTON, FL 34202**

Mailing Address
**14400 COVENANT WAY
BRADENTON, FL 34202**

40029822



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
65-0811805

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHILFALO, ANTHONY J
14400 COVENANT WAY
BRADENTON, FL 34202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE VP ☐ Delete
NAME PERKA, DAN
STREET ADDRESS 14400 COVENANT WAY
CITY-ST-ZIP BRADENTON, FL 34202

TITLE D ☐ Delete
NAME GARDNER, ROBERT
STREET ADDRESS 14400 COVENANT WAY
CITY-ST-ZIP BRADENTON, FL 34202

TITLE P ☐ Delete
NAME BROWN, RICK
STREET ADDRESS 14400 COVENANT WAY
CITY-ST-ZIP BRADENTON, FL 34202

TITLE VP ☐ Delete
NAME CHIOFALO, ANTHONY
STREET ADDRESS 14400 COVENANT WAY
CITY-ST-ZIP BRADENTON, FL 34202

TITLE V ☐ Delete
NAME JENSEN, REX
STREET ADDRESS 14400 COVENANT WAY
CITY-ST-ZIP BRADENTON, FL 34202

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT, SECRETARY, TREASURER**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ANTHONY J. CHIOFALO 2.1.07 944-757-1626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone