


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 91083 001 ***476.25

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| DOCUMENT # P98000083936 1. Entity Name SUWANNEE AMERICAN CEMENT CO., INC. |  |
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| Principal Place of Business 2 GUERDON ROAD LAKE CITY, FL 32055 | Mailing Address POST OFFICE BOX 1829 LAKE CITY, FL 32056-1829 |
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66420805



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-3540547 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent SCHREIBER, BRIAN P 2 GUERDON RD LAKE CITY, FL 32055 |
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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| 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 | D ANDERSON, JOE H JR. HWY. 349 NORTH OLD TOWN, FL 32680 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ANDERSON, DOUG HWY 349 NORTH OLD TOWN, FL 32680 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ANDERSON, JOE H III HWY 349 NORTH OLD TOWN, FL 32680 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| 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: B. P. Schreiber SECRETARY Date: 4/15/04 Daytime Phone #: 386 752 1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR