2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000083936

ANDERSON, JOE H III

OLD TOWN, FL 32680

SCHREIBER, BRIAN P

LAKE CITY, FL 32055

871 NW GUERDON STREET

() Delete

HWY 349 NORTH

SD

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Apr 14, 2009 Secretary of State

Entity Na	me: SUWAN	NEE AMERICAN CEMENT CC	o., INC.				
Current P	rincipal Place	e of Business:	New	New Principal Place of Business:			
	UERDON STI Y, FL 32055	REET					
Current Mailing Address:				New Mailing Address:			
POST OFFICE BOX 1829 LAKE CITY, FL 320561829			P.O. BOX 1829 LAKE CITY, FL 32055				
FEI Number: 59-3540547 FEI Number Applied For ()		FEI Number Not Applicable ()		Certificate of Status Desired ()			
Name and	Address of	Current Registered Agent:	Nam	Name and Address of New Registered Agent:			
871 NW G LAKE CIT	ER, BRIAN P FUERDON STI Y, FL 32055 Inamed entity of Florida.	US	ourpose of chan	ging its register	ed office or registered agent, or	both,	
SIGNATUI							
Election Car		nic Signature of Registered Ago g Trust Fund Contribution ().	ent		Date		
OFFICER	S AND DIREC	TORS:	ADD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	D (ANDERSON, J HWY. 349 NOI OLD TOWN, F	RTH	Title: Name: Addres City-S	ss: HWY. 349	(X) Change()Addition N, JOE H JR. NORTH N, FL 32055		
Title: Name: Address: City-St-Zip:	VPD (ANDERSON, E HWY 349 NOF OLD TOWN, F	тн	Title: Name: Addres City-S	ss: HWY 349			
Title [.]	VPD () Delete	Title [.]	VPD	(X) Change () Addition		

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

ANDERSON, JOE H III

OLD TOWN, FL 32055

() Change () Addition

HWY 349 NORTH

SIGNATURE: BRIAN SCHREIBER **SECR** 04/14/2009