



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000105585</b> 1. Entity Name <b>INTRACOASTAL SHELL &amp; AGGREGATE, INC.</b>						<b>FILED</b> <b>06 MAY -4 PM 12:46</b> CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>9 BUTTERFLY COURT CRAWFORDVILLE, FL 32327</b>				Mailing Address <b>9 BUTTERFLY COURT CRAWFORDVILLE, FL 32327</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>59-3614253</b>				Applied For <input type="checkbox"/> Not Applicable		05042006 Chg-P CR2E034 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>LANGSTON, CHRIS 9 BUTTERFLY COURT CRAWFORDVILLE, FL 32327</b>			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LANGSTON, CHRISTOPHER G</b> <input type="checkbox"/> Delete <b>9 BUTTERFLY COURT</b> <b>CRAWFORDVILLE, FL 32327</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JP514</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>100074323951</b> <b>05/10/06--01005--026 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**05-04-06**  
Date

**850-519-7989**  
Daytime Phone #