


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90067 046 ***150.00

DOCUMENT # V28098	
1. Entity Name SUWANNEE MATERIALS AND AGGREGATES, INC.	

Principal Place of Business RT 6 BOX 439-C LAKE CITY FL 32025 US	Mailing Address P.O. BOX 3478 LAKE CITY FL 32056 US
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2. Principal Place of Business 1003 SE C.R. 252	3. Mailing Address 1003 SE C.R. 252
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State Lake City, FL.	City & State Lake City, FL.
Zip 32025	Country Columbia

4. FEI Number 59-3118323	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERRY, JOANNE T. ROUTE 6, BOX 439-C LAKE CITY FL 32025	
7. Name and Address of New Registered Agent Name JoAnne T. Perry Street Address (P.O. Box Number is Not Acceptable) 1003 SE C.R. 252 City Lake City FL Zip Code 32025	

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: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST PERRY, JOANNE T. 480 S.E. LILLIAN LOOP #104 3478 LAKE CITY FL 32025 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JoAnne T. Perry Date: 4-10-06 Daytime Phone #: 386-961-8859