


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 692802
 1. Entity Name
PACE SAND AND GRAVEL COMPANY, INC.



Principal Place of Business Mailing Address
 P.O. BOX 395 P.O. BOX 395
 CENTURY, FL 32535 CENTURY, FL 32535

DO NOT WRITE IN THIS SPACE



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2101090	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE VORE, LORINE
 1641 MOLINO ROAD
 MOLINO, FL 32577

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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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GODWIN, MICHAEL D
STREET ADDRESS	2478 DOUGLAS AVE
CITY-ST-ZIP	BREWTON, AL
TITLE	D
NAME	RAINES, MARILYN J
STREET ADDRESS	636 GEORGIA LANE
CITY-ST-ZIP	BREWTON, AL
TITLE	DP
NAME	JOHNSON, BETTY L
STREET ADDRESS	674 GEORGIA LANE
CITY-ST-ZIP	BREWTON, AL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Betty L. Johnson* Betty L Johnson 01/18/05 1251 8675658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #