


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90024 035 \*\*\*150.00

**DOCUMENT # P03000146572**  
 1. Entity Name  
**MARSHALL GRADING & ASPHALT, INC.**



Principal Place of Business      Mailing Address  
**2435 N. COBIA TERR.**      **2435 N. COBIA TERR.**  
**CRYSTAL RIVER FL 34429**      **CRYSTAL RIVER FL 34429**

2. Principal Place of Business      3. Mailing Address  
*2435 N. Cobia Terr.*      *2435 N. Cobia Terr*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Crystal River, FL*      *Crystal River, FL*  
 Zip      Country      Zip      Country  
*34429*      *Fl*      *34429*      *Fl*

4. FEI Number      Applied For  
**20-0425682**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHUMLEY, JOYCE**  
**2435 N. COBIA TERR.**  
**CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 reconstituting)      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.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	CHUMLEY, MARSHALL	2435 N. COBIA TERR.	CRYSTAL RIVER FL 34429	<input type="checkbox"/>
VSD	CHUMLEY, JOYCE	2435 N. COBIA TERR.	CRYSTAL RIVER FL 34429	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Joyce Chumley*      *Joyce Chumley*      *2-6-06*      *352-795-2272*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #