## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 05, 2004 8:00 am Secretary of State **DOCUMENT # 418459** 1. Entity Name 04-05-2004 90081 036 \*\*\*150.00 GARNER ASPHALT PAVING & SEALING CO., INC. Principal Place of Business Mailing Address 115 1ST AVE SW LUTZ FL 33549 115 1ST AVE SW **LUTZ FL 33549** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-1441960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ...\_\_ GARNER, RON Street Address (P.O. Box Number is Not Acceptable) **115 1ST AVE SW** LUTZ FL 33549 City 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 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, 2004 Fee will be \$550.00 9. Election Campaign Financing · \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition GARNER, RON NAME NAME STREET ADDRESS **115 1ST AVE SW** STREET ADDRESS CITY-ST-ZIP **LUTZ FL 33549** CITY-ST-ZIP Delete TITLE Change ■ Addition GARNER, LENORE J. NAME NAME GARNER, YOLANDA 1364 ECKLES DRIVE STREET ADDRESS STREET ADDRESS 115 1st AVE. SW LUTZ, FL 33549 CITY-ST-ZIP TAMPA FL CITY-ST-ZIP TITLE 12 Delete TITLE ☐ Addition NAME GARNER, LENORE ~ GARNER, YOLANDA 115 1st AVE SW LUTZ, FL 33549 NAME STREET ADDRESS 1364 ECKLES DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME GARNER, RON NAME STREET ADDRESS 115 ST AVE SW STREET ADDRESS **LUTZ FL 33549** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE · Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

4/1/04 813-909-7691 SIGNATURE: RON GARNER Daytime Phone #

changed, or on an attachment with an address, with all other like empowered.

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