


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90025 042 ***150.00

DOCUMENT # 501922	
1. Entity Name TRI-STATE ASPHALT CORPORATION	

Principal Place of Business 703 CARPENTER ST LEESBURG, FL 34748	Mailing Address 703 CARPENTER ST LEESBURG, FL 34748 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40035283



01162007 Chg-P CR2E034 (12/06)

4. FEI Number 59-1681302	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		7. Name and Address of New Registered Agent	
PAQUETTE, THOMAS A 1008 CABALLO PLACE LEESBURG, FL 34748		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 reregistering) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	PD PAQUETTE, THOMAS A 1008 CABALLO PLACE LEESBURG, FL 34748 <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	VPTD PAQUETTE, PEELOPE J 1008 CABALLO PL LEESBURG, FL 34748 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Paquette, PENELOPE J.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, PAIGE P 915 CABALLO PLACE LEESBURG, FL 34748 <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	D PAQUETTE, AMBER E 1268 CYPRESS COVE CT INVERNESS, FL 34450 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1007 S. Carnegie Dr. Inverness, FL 34450</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAQUETTE, THOMAS AARON 1008 CABALLO PLACE LEESBURG, FL 34748 <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 employed.

SIGNATURE: *Thomas A. Paquette* **3/12/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 501922

1. Entity Name
TRI-STATE ASPHALT CORPORATION



ATTACHMENT

Principal Place of Business

703 CARPENTER ST
LEESBURG, FL 34748

Mailing Address

703 CARPENTER ST
LEESBURG, FL 34748 US

DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1681302

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PAQUETTE, THOMAS A
1008 CABALLO PLACE
LEESBURG, FL 34748

DO NOT WRITE
IN THIS SPACE

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 fee if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PAQUETTE, THOMAS A
STREET ADDRESS	1008 CABALLO PLACE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	VPTD
NAME	PAQUETTE, PEELOPE J
STREET ADDRESS	1008 CABALLO PL
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	S
NAME	DAVIS, PAIGE P
STREET ADDRESS	915 CABALLO PLACE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	D
NAME	PAQUETTE, AMBER E
STREET ADDRESS	1268 CYPRESS COVE CT
CITY-ST-ZIP	INVERNESS, FL 34450
TITLE	D
NAME	PAQUETTE, THOMAS AARON
STREET ADDRESS	1008 CABALLO PLACE
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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SIGNATURE:

Thomas A. Paquette RES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

Daytime Phone #