

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 501922

FILED
May 13, 2008
Secretary of State

Entity Name: TRI-STATE ASPHALT CORPORATION

Current Principal Place of Business:

703 CARPENTER ST
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

703 CARPENTER ST
LEESBURG, FL 34748 US

New Mailing Address:

FEI Number: 59-1681302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAQUETTE, THOMAS A
1008 CABALLO PLACE
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PAQUETTE, THOMAS A,
Address: 1008 CABALLO PLACE
City-St-Zip: LEESBURG, FL 34748

Title: VPTD () Delete
Name: PAQUETTE, PENELOPE J
Address: 1008 CABALLO PL
City-St-Zip: LEESBURG, FL 34748

Title: S () Delete
Name: DAVIS, PAIGE P
Address: 915 CABALLO PLACE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: PAQUETTE, AMBER E
Address: 1007 S. CAMEGIE DR.
City-St-Zip: INVERNESS, FL 34450

Title: D () Delete
Name: PAQUETTE, THOMAS AARON
Address: 1008 CABALLO PLACE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PAQUETTE-RETTTER, AMBER E
Address: 5610 E. MIMOSA LN
City-St-Zip: INVERNESS, FL 34453

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMBER PAQUETTE RETTER

D

05/13/2008

Electronic Signature of Signing Officer or Director

_____ Date