2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

SIGNATURE:

## Feb 07, 2007 8:00 am Secretary of State DOCUMENT # K71205 1. Entity Name 02-07-2007 90047 039 \*\*\*158.75 CLAY'S ASPHALT MAINTENANCE, INC. Principal Place of Business Mailing Address 3311 OLEANDER AVE 3311 OLEANDER AVE FT. PIERCE FL 34982 FT. PIERCE FL 34982 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #. otc. CR2E034 (10/06) 1st MOORE City & State City & State 4. FEI Numbor Applied For 65-0110536 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 TEEL. EMORY C III Street Address (P.O. Box Number is Not Acceptable) 805 VIRGINIA AVE **STE 21** FORT PIERCE FL 34982 City 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 Signature. Nined or entitled name of registered agout and title completable (NOT - Redistered Agent signature required when redistation) CATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 11111 11117 ☐ Change X Addition X Delete SKINNER, SANDRA B Donald Sanderson NAME NAMI P.O. BOX 690038 STREET ADDRESS STREET LADORESS 981 Carnation Drive **VERO FL 32969** CHY SLZIP CITY ST ZIP Sebastian, FL 32958 D нин ☐ Delete mu ☐ Change Addition Teresa Sanderson NAMI NAME 101 Turtle Run Drive STRUCT ADDRESS STREET LADDRESS Sebastian, FL 32958 CITY ST ZIP CITY ST JIP THE ☐ Delete 11111 ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY ST ZIP ши ☐ Delete HILL Change Addition NAME NAM STREET ADDRESS STREET ADDRESS CHY ST ZIP CHY SEZIP HHIE. ☐ Delete 11111 ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-ST-7IP CRY SI-ZIP 1000 ☐ Delete HILL ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHY SEZIP 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

FILED

Date

Daytime Phone #