


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000009193
 1. Entity Name
 ST. CLOUD PAVEMENT POUNDERS, INC.



Principal Place of Business
 4912 ZION DRIVE
 SAINT CLOUD, FL 34772

Mailing Address
 4912 ZION DRIVE
 SAINT CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number
 20-0367324

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SNYDER, MICHAEL D
 4912 ZION DRIVE
 ST CLOUD, FL 34774

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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 reinstating) _____ DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P.	NAME SNYDER, MICHAEL D
STREET ADDRESS 4912 ZION DR	CITY-ST-ZIP ST CLOUD, FL 34774
TITLE VP	NAME BURNETTE-SNYDER, DAYCI
STREET ADDRESS 4912 ZION DRIVE	CITY-ST-ZIP ST CLOUD, FL 34774
TITLE DM	NAME MOORE, MICHAEL
STREET ADDRESS 6978 BIG BEND DRIVE	CITY-ST-ZIP ST. CLOUD, FL 34771
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP
TITLE NAME	STREET ADDRESS CITY-ST-ZIP

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 02/14/08-80077-011 61.25

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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 617, 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: Michael D. Snyder MICHAEL D. SNYDER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-08 407-711-3296
 Date Daytime Phone #