

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009193

FILED
Apr 30, 2009
Secretary of State

Entity Name: ST. CLOUD PAVEMENT POUNDERS, INC.

Current Principal Place of Business:

4912 ZION DRIVE
SAINT CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4912 ZION DRIVE
SAINT CLOUD, FL 34772

New Mailing Address:

FEI Number: 20-0367324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNYDER, MICHAEL D
Address: 4912 ZION DR
City-St-Zip: ST CLOUD, FL 34774

Title: VP () Delete
Name: BURNETTE-SNYDER, DAYCI
Address: 4912 ZION DRIVE
City-St-Zip: ST CLOUD, FL 34774

Title: DM () Delete
Name: MOORE, MICHAEL
Address: 6978 BIG BEND DRIVE
City-St-Zip: ST. CLOUD, FL 34771

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:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D SNYDER

PRES

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date