

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000074003		
1. Entity Name BLOODWORTH ASPHALT, INC.		
Principal Place of Business 7910 SHANE RD. JACKSONVILLE, FL 32219		Mailing Address 7910 SHANE RD. JACKSONVILLE, FL 32219
DO NOT WRITE IN THIS SPACE		
		
03072004 No Chg-P CR2E034 (10/03)		
4. FEI Number 59-3667089		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BLOODWORTH, ANTHONY T 7910 SHANE RD. JACKSONVILLE, FL 32219		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 title if applicable (NOTE: Registered Agent Signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
		U000000115811 04/16/04-80039-023 158.75
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLOODWORTH, ANTHONY T 7910 SHANE RD. JACKSONVILLE, FL 32219	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 007, 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: <u>Anthony T. Bloodworth</u> <u>Anthony T. Bloodworth</u> <u>4/15/04</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		
<u>ANTHONY T. BLOODWORTH</u>		