


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90045 033 ***150.00

DOCUMENT # P03000017451

1. Entity Name
ASPINWALL EARTHWORKS, INC.



Principal Place of Business 5663 ZIDELL ROAD CALLAHAN, FL 32011	Mailing Address 5663 ZIDELL ROAD CALLAHAN, FL 32011
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2. Principal Place of Business 45343 ZIDELL RD	3. Mailing Address PO Box 1717
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CALLAHAN FL	City & State CALLAHAN FL
Zip 32011	Zip 32011



02012004 Chg-P CR2E034 (10/03)

4. FEI Number 56-2342452	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, SHERRY 5663 ZIDELL ROAD CALLAHAN, FL 32011	Name SHERRY ASPINWALL
(SAME AGENT, MARRIED NAME) →	Street Address (P.O. Box Number is Not Acceptable) 45343 ZIDELL RD
	City CALLAHAN FL Zip Code 32011

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 *Sherry Aspinwall* **SHERRY ASPINWALL** **2-1-04**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMAS, SHERRY		NAME ASPINWALL, SHERRY	
STREET ADDRESS 5663 ZIDELL ROAD		STREET ADDRESS 45343 ZIDELL RD	
CITY-ST-ZIP CALLAHAN, FL 32011		CITY-ST-ZIP CALLAHAN, FL 32011	
TITLE D	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASPINWALL, DONALD		NAME ASPINWALL, DONALD	
STREET ADDRESS 5663 ZIDELL ROAD		STREET ADDRESS 45343 ZIDELL RD	
CITY-ST-ZIP CALLAHAN, FL 32011		CITY-ST-ZIP CALLAHAN, FL 32011	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 607, 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: *Sherry Aspinwall*, **SHERRY ASPINWALL** **2-1-04** **(904) 879-1765**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #