2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000129947

1. Entity Name
DOUBLE A EROSION CONTROL CORP.

Principal Place of Business
3028 KANANWOOD CT
SUITE 1024
OVIEDO, FL 32765 US

Mailing Address
3028 KANANWOOD CT
SUITE 1024
OVIEDO, FL 32765 US

04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2115456
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GRAY, AARON B
799 NICHT OWL LANE
WINTER SPRINGS, FL 32708

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, 2008 Fee will be $550.00

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

U000000949511
05/03/08-80035-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	GRAY, AARON B
STREET ADDRESS	799 NIGHT OWL LANE
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	V
NAME	JOHNSON, KIM M
STREET ADDRESS	3028 KANANWOOD CT., STE. 1024
CITY-ST-ZIP	OVIEDO, FL 32765
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: X Kim M. Johnson Kim M. JOHNSON X 4/29/08 X 407-971-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #