2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 22, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000141684

1. Entity Name
INTEGRITY PAVEMENT MARKINGS AND REPAIRS, INC.

Principal Place of Business	Mailing Address
14126 N. HWY 301 THONOTOSASSA, FL 33592 US	14126 N. HWY 301 THONOTOSASSA, FL 33592 US

DO NOT WRITE IN THIS SPACE

08112008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0467032
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHEELER, TAD B PRES
14126 N HWY 301
THONOTOSASSA, FL 33592

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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 _____ U00000958234 08/22/08-80004-019 150.00
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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	WHEELER, TAD B PRES
STREET ADDRESS	14126 N. HWY 301
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 _____ X 8-20-08 X 813-714-5583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #