

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90024 035 ***150.00

DOCUMENT # P03000146572

1. Entity Name

MARSHALL GRADING & ASPHALT, INC.



Principal Place of Business

2435 N. COBIA TERR.
CRYSTAL RIVER FL 34429

Mailing Address

2435 N. COBIA TERR.
CRYSTAL RIVER FL 34429

2. Principal Place of Business

2435 N. Cobia Terr.
Suite, Apt. #, etc.

3. Mailing Address

2435 N. Cobia Terr.
Suite, Apt. #, etc.



1st MOORE

CR2E034 (10/05)

City & State

Crystal River, FL
Zip 34429 Country Citrus

City & State

Crystal River, FL
Zip 34429 Country Citrus

4. FEI Number

20-0425682

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHUMLEY, JOYCE
2435 N. COBIA TERR.
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CHUMLEY, MARSHALL
STREET ADDRESS 2435 N. COBIA TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE VSD
NAME CHUMLEY, JOYCE
STREET ADDRESS 2435 N. COBIA TERR.
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joyce Chumley *Joyce Chumley* 2-6-06 352-795-2272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #