

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

05-07-2007 90071 049 \*\*\*150.00

<b>DOCUMENT # P04000026799</b> 1. Entity Name PROTECTOR BLACKTOP SEALCOATING, INC.			
Principal Place of Business 70 BUTTONWOOD LANE NAPLES, FL 34112		Mailing Address <b>4001 SANTA ANTONIA BLVD.</b> <del>██████████</del> <b># 392</b> NAPLES, FL <del>34104</del> <b>34104</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>70 Buttonwood Ln.</b> City & State <b>NAPLES FL.</b> Zip <b>34112</b> Country <b>COLLIER</b>		3. Mailing Address Suite, Apt. #, etc. <b># 392</b> City & State <b>NAPLES FL.</b> Zip <b>34104</b> Country <b>COLLIER</b>	
4. FEI Number <b>06-1682355</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04192007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>GAUDETTE, RAYMOND C</b> <b>70 BUTTONWOOD LANE</b> <b>NAPLES, FL 34112</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV <b>GAUDETTE, RAYMOND C</b> <b>70 BUTTONWOOD LANE</b> <b>NAPLES, FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Raymond Gaudette</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>5/4/07</u> (239) 595-9132 <small>Daytime Phone #</small>	