


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000027085 1. Entity Name HURST ASPHALT PAVING, INC.	
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Principal Place of Business 10673 FLORIDA GEORGIA HWY HAVANA, FL 32333	Mailing Address 10673 FLORIDA GEORGIA HWY HAVANA, FL 32333
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01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0964103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTS, THAYER M 155 OFFICE PLAZA DR TALLAHASSEE, FL 32301

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, LOUIS CLOWER 10673 FLORIDA GEORGIA HWY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, JIMMIE LOU 10673 FLORIDA GEORGIA HWY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, LOUIS BLAKE 10587 FLORIDA GEORGIA HWY HAVANA, FL 32333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/06-80011-004 150.00

**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: *Louis C Hurst* *Oliver L 1/206* *850-532 5350*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #