## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P04000027085**

1. Entity Name

HURST ASPHALT PAVING, INC.



FILED Feb 20, 2008 08:00 Al Secretary of State

Principal Place of Business

10673 FLORIDA GEORGIA HWY HAVANA, FL 32333 Mailing Address -

10673 FLORIDA GEORGIA HWY HAVANA, FL 32333



## DO NOT WRITE IN THIS SPACE

02082008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0964103 Applied For
Not Applicable

5. Certificate of Status Desiréd S8.75 Additional
Fee Required

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 the obligat	e named entity submits this statement for the pations of registered agent.	purpose of changing its registere	ed office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.				
	Signature, typed or printed name of registered egent and little	il applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar     Trust Fund Contribution.	standard sta	
10.	OFFICERS AND DIREC	CTOR\$		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HURST, LOUIS CLOWER 10673 FLORIDA GEORGIA HWY HAVANA, FL 32333			02/28/08-80008-024-150.00
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		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-30-0

539-5350

Daytime Phone #