

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000028405**

1. Entity Name  
**TIM WATKINS ASPHALT PAVING, INC.**



Principal Place of Business  
**9025 SE 140 PL  
SUMMERFIELD, FL 34491 US**

Mailing Address  
**9025 SE 140 PL  
SUMMERFIELD, FL 34491 US**



08282006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0755667**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**WATKINS, TIMOTHY  
9025 SE 140 PL  
SUMMERFIELD, FL 34491**

**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

*Signature, typed or printed name of registered agent and title if applicable.*

(NOTE: Registered Agent signature required when reinstating)

U00000575602

08/29/06-80509-010 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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	WATKINS, TIMOTHY
STREET ADDRESS	9025 SE 140 PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	TREA
NAME	WATKINS, MARGIE A
STREET ADDRESS	9025 SE 140 PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	VP
NAME	WATKINS, TIMOTHY JR.
STREET ADDRESS	9025 SE 140 PL
CITY-ST-ZIP	SUMMERFIELD, FL 34491
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:**

*Timothy Watkins, Timothy Watkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

WATKINS

8/28/06 (352) 245-3086

Date

Daytime Phone \*