

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P05000039603

1. Entity Name
TILTON TRUCKING & EXCAVATING, CORP.



Principal Place of Business
**312 YELVINGTON ROAD
EAST PALATKA, FL 32131 US**

Mailing Address
**312 YELVINGTON ROAD
EAST PALATKA, FL 32131 US**



03212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2514767

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TILTON, LAWRENCE V JR.
314 YELVINGTON ROAD
EAST PALATKA, FL 32177**

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

[Signature] **L V TILTON JR**
(NOTE: Registered Agent signature required when reinstating)

[Signature] **4/30/07**
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------|
| TITLE | P |
| NAME | TILTON, LAWRENCE V JR. |
| STREET ADDRESS | 314 YELVINGTON ROAD |
| CITY-ST-ZIP | EAST PALATKA, FL 32131 |
| TITLE | T |
| NAME | LEPAGE, BONNIELYNN T |
| STREET ADDRESS | 266 TURNER ROAD |
| CITY-ST-ZIP | EAST PALATKA, FL 32131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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05/23/07-80054-009 150.00

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:

[Signature] **L V TILTON JR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] **4/30/07**
Date Daytime Phone #