

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90199 018 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000115224

1. Entity Name
EARTHWORM MATERIALS, INC.



Principal Place of Business
3495 S CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

Mailing Address
3495 S CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

40082956



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04172007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number
55-0906049

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINES, VANESSA
3495 S CLYDE MORRIS BLVD
PORT ORANGE, FL 32129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME WINES, VANESSA
STREET ADDRESS 3495 S CLYDE MORRIS BLVD
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME WINES, FRANK
STREET ADDRESS 3495 CLYDE MORRIS BLVD.
CITY-ST-ZIP PORT ORANGE, FL 32129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CLEVINGER, JEREMIAH
STREET ADDRESS 962 BRAMBIC BUSH CIRCLE W
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE ☒ Change ☐ Addition
NAME Jeremiah Clevenger
STREET ADDRESS 790 Airport Rd.
CITY-ST-ZIP New Smyrna FL 32168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Vanessa Wines Vanessa Wines 4/18/07 3865270504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #