

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90035 005 \*\*\*150.00

**DOCUMENT # P06000022704**

1. Entity Name  
**VOLUSIA SILT FENCE CONTRACTORS, INC.**



Principal Place of Business  
**1645 DUNLAWTON AVENUE  
SUITE 322  
PORT ORANGE, FL 32127-7967 US**

Mailing Address  
**P.O. BOX 2659  
NEW SMYRNA, FL 32170-956 US**

**40020672**



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

3. Mailing Address  
**P.O. Box 2659**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062007 Chg-P CR2E034 (12/06)

City & State

City & State  
**NEW SMYRNA, FL**

4. FEI Number  
**20-4236049**

Applied For  
Not Applicable

Zip

Country

Zip

**32170**

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

**PHELAN, KEVIN R  
623 N. GRANDVIEW AVENUE  
DAYTONA BEACH, FL 32118-3820**

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

*Kevin R. Phelan*

**2/1/07**

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

(NOTE: Registered Agent signature required when reappointing)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
SHELTON, CLAYTON  
1645 DUNLAWTON AVENUE  
PORT ORANGE, FL 321277967** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
BOWMAN, RICHARD  
1645 DUNLAWTON AVENUE  
PORT ORANGE, FL 321277967** ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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:

*CELT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**2/1/07**

Daytime Phone #