

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90123 033 \*\*\*150.00

**DOCUMENT # P95000037680**

1. Entity Name  
TUCKER PAVING, INC.



Principal Place of Business  
3535 HIGHWAY 17 NORTH  
WINTER HAVEN, FL 33880

Mailing Address  
3535 HIGHWAY 17 NORTH  
WINTER HAVEN, FL 33880



04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3315987

Applied For  
Not Applicable

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

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

TUCKER, LARRY D  
3535 HIGHWAY 17 NORTH  
WINTER HAVEN, FL 33880

**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)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME TUCKER, LARRY D  
STREET ADDRESS 3535 HIGHWAY 17 NORTH  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE PD  
NAME TUCKER, LARRY D JR  
STREET ADDRESS 3535 HIGHWAY 17 NORTH  
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE S  
NAME BODOLAY, STEPHEN M  
STREET ADDRESS 5517 HIGHLANDS VISTA CIRCLE  
CITY-ST-ZIP LAKELAND, FL 33813

TITLE V  
NAME WILLOUGHBY, TOMMY F  
STREET ADDRESS 109 CHARLES AVE  
CITY-ST-ZIP DAVENPORT, FL 33837

TITLE V  
NAME PRILLHART, DAVID  
STREET ADDRESS 2037 PENINSULAR DRIVE  
CITY-ST-ZIP HAINES CITY, FL 33844

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/08

Date

Daytime Phone #