2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000026470

SAYE, DANIÈL L

JAY, FL 32565

3803 CLANTON LANE

Name:

Address:

City-St-Zip:

FILED Mar 17, 2009 Secretary of State

Entity Na	me: SAYE&S	SON'S EROSION CONTROL,	INC.		
Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
4291 MOR JAY, FL 3	RRISTOWN RC 2565 US	DAD			
Current N	lailing Addres	ss:	New Mailing Addr	New Mailing Address:	
P O BOX 7 JAY, FL 3					
FEI Number	: 83-0347499	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
RICHMOND, HAROLD S 227 EAST JEFFERSON ST. QUINCY, FL 32351 US			4291 MORRISTOW	SAYE, ELEANOR M 4291 MORRISTOWN ROAD JAY, FL 32565 US	
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATUI	RE: ELEANO	R M SAYE		03/17/2009	
	Electror	nic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SAYE, MICHAE 4291 MORRIST JAY, FL 32565	FOWN RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () SAYE, MICHAE 4291 MORRIST JAY, FL 32565	FOWN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V S SAYE, ELEANO 4291 MORRIST JAY, FL 32565	FOWN ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SAYE, JOHN T 13191 HWY 87 JAY, FL 32565		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title [.]	D () Delete	Title·	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: ELEANOR M SAYE VΡ 03/17/2009