

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90371 020 ***150.00

DOCUMENT # 510333

1. Entity Name

ASPHALT PRESERVATION SYSTEMS, INC.



Principal Place of Business

7600 SOUTHLAND BLVD
 SUITE 100
 ORLANDO FL 32809
 US

Mailing Address

P O BOX 560178
 ORLANDO FL 32856
 US



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-1686682

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

SNAVELY, J, DAVID
 2800 ALSACE COURT
 ORLANDO FL 32812

7. Name and Address of New Registered Agent

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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: TD Delete
 NAME: SNAVELY, DAVID J
 STREET ADDRESS: 2800 ALSACE COURT
 CITY-ST-ZIP: ORLANDO FL

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

TITLE: PSD Delete
 NAME: SNAVELY, DAVID J
 STREET ADDRESS: 2800 ALSACE COURT
 CITY-ST-ZIP: ORLANDO FL

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

TITLE: Delete
 NAME: PARKER, RUSSELL E
 STREET ADDRESS: 4118 GREENFERN DR
 CITY-ST-ZIP: ORLANDO FL

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

TITLE: Delete
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TITLE: Change Addition
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 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *J. David Snavely* J. DAVID SNAVELY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/06

Date

407 448-7812

Daytime Phone #