

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2004 08:00 AM**  
**Secretary of State**

|                                                                     |                                                                                   |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 668097</b><br>1. Entity Name<br>CAPITAL ASPHALT, INC. |  |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>1300 AENON CHURCH ROAD<br>TALLAHASSEE, FL 32304 US | Mailing Address<br>1300 AENON CHURCH ROAD<br>TALLAHASSEE, FL 32304 US |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2270011 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|-----------------------------------------------------------|-----------------------------------|

|                                                                                                                                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br>MITCHELL, EDWARD M JR<br>MITCHELL BROTHERS INC<br>1300 AENON CHURCH RD<br>TALLAHASSEE, FL 32304 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|

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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, 2004 Fee will be \$550.00**

|                                                                                     |                                |
|-------------------------------------------------------------------------------------|--------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be<br>Added to Fees |
|-------------------------------------------------------------------------------------|--------------------------------|

U00000079101

03/08/04-80053-004 150.00

| 10. OFFICERS AND DIRECTORS                     |                                                                                  |
|------------------------------------------------|----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MITCHELL, EDWARD M JR.<br>3536 NORTH MERIDIAN ROAD<br>TALLAHASSEE, FL 32312 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                  |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, without other authority empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04  
Date

850-574-6000  
Daytime Phone #