

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90022 015 ***158.75

DOCUMENT # 531442

1. Entity Name
WWG ASPHALT COMPANY



Principal Place of Business
 1445 COX RD.
 COCOA, FL 32955 US

Mailing Address
 P.O. BOX 560366
 ROCKLEDGE, FL 32956-0366 US

50000562



2. Principal Place of Business - No P.O. Box #
1445 COX RD
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 236276
 Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State
Cocoa Florida

City & State
Cocoa Florida

Zip Country
32926 Brevard

Zip Country
32923 Brevard

4. FEI Number
59-1738408

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
BRUCE WATSON
1445 COX RD.
COCOA, FL 32926

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 qualifications of registered agent.

SIGNATURE *Bruce Watson* *Bruce Watson* *1-12-07*
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, 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	PSTD WATSON, BRUCE 1440 COX ROAD COCOA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Bruce Watson* *Bruce Watson* *1-12-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #