


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

06-16-2008 90001 048 \*\*\*558.75

**DOCUMENT # 531442**

1. Entity Name  
**WWG ASPHALT COMPANY**




Principal Place of Business      Mailing Address  
 1445 COX RD.      P.O. BOX 236276  
 COCOA, FL 32926 US      COCOA, FL 32923 US

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country

**60044503**



06132008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**59-1738408**      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 obligations of registered agent.

SIGNATURE *Bruce Watson*      DATE 6/13/2008  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008**

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 . . . <input type="checkbox"/> Delete WATSON, BRUCE 1440 COX ROAD COCOA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V LONG, BILLY 1445 COX ROAD COCOA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      Date 6/13/08      Daytime Phone # 321-632-5886  
Signature and typed or printed name of signing officer or director