


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Amended Annual Report

DOCUMENT # 532325 1. Entity Name ASPHALT, INC.						FILE# 61.25 04 AUG 20 AM 9:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA  MOORE CR2E034 (4/04)	
Principal Place of Business 2003 HUGHES ROAD MELBOURNE FL 32935 US		Mailing Address 2003 HUGHES ROAD MELBOURNE FL 32935 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA  MOORE CR2E034 (4/04)			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-1751328				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TAYLOR, HOMER R. 4093 DEERWOOD TRAIL MELBOURNE FL 32934				Name Todo Willem Street Address (P.O. Box Number is Not Acceptable) 835 PAW PRINTS AVENUE City MELBOURNE FL Zip Code 32934			
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: 				(NOTE: Registered Agent signature required when reinstating)		DATE 7-19-04	
FILE NOW!!! FEE IS \$550.00		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
DUE BY September 8, 2004		Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, HOMER R. 4093 DEERWOOD TRAIL MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT, SECRETARY, TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Todo Willem 835 PAW PRINTS AVENUE MELBOURNE, FL 32934		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, GRACE 4093 DEERWOOD TRAIL MELBOURNE FL 32934	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500040690895 08/31/04--01048--007 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SZYNAKA, STEPHEN 4093 DEERWOOD TR MELBOURNE FL 32934	<input checked="" 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		
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		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE 7-19-04 DAYTIME PHONE # 321-259-9080			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAYTIME PHONE #			