


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 08, 2007 8:00 am
Secretary of State

02-19-2007 90055 024 ***150.00

DOCUMENT # K64154 1. Entity Name TOOLE-ASMA, INC.	
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Principal Place of Business 886 SOUTH DILLARD STREET P. O. BOX 770099 WINTER GARDEN, FL 34777-7099	Mailing Address 886 SOUTH DILLARD STREET P. O. BOX 770099 WINTER GARDEN, FL 34777-7099
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66004216



01252007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2930088	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TOOLE, II WALTER S. 500 S. DILLARD WINTER GARDEN, FL 34787
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**DO NOT WRITE
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 Walter S. Toole II 2/7/07
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-issuing) 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP TOOLE, WALTER S., II P.O. BOX 770099, 500 S DILLARD STREET WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ASMA, WILLIAM N. 886 SOUTH DILLARD ST. WINTER GARDEN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Walter S. Toole II 3/3/07 407-656-2593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0870 -