

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K64154

Entity Name: TOOLE-ASMA, INC.

FILED
Apr 08, 2009
Secretary of State

Current Principal Place of Business:

886 SOUTH DILLARD STREET
P. O. BOX 770099
WINTER GARDEN, FL 34777099

New Principal Place of Business:

859 W. HIGHWAY 50
CLERMONT, FL 34711

Current Mailing Address:

886 SOUTH DILLARD STREET
P. O. BOX 770099
WINTER GARDEN, FL 34777099

New Mailing Address:

P.O. BOX 770099
WINTER GARDEN, FL 34777099

FEI Number: 59-2930088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOOLE, II WALTER S.
500 S. DILLARD
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

TOOLE, WALTER S. II
500 S. DILLARD
WINTER GARDEN, FL 34787 US

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.

SIGNATURE: WALTER S. TOOLE II

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TOOLE, WALTER S., II
Address: P.O. BOX 770099, 500 S DILLARD STREET
City-St-Zip: WINTER GARDEN, FL

Title: DS () Delete
Name: ASMA, WILLIAM N.
Address: 886 SOUTH DILLARD ST.
City-St-Zip: WINTER GARDEN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: TOOLE, WALTER S., II
Address: P.O. BOX 770099,
City-St-Zip: WINTER GARDEN, FL 347770099 US

Title: VP (X) Change () Addition
Name: ASMA, WILLIAM N.
Address: 886 SOUTH DILLARD ST.
City-St-Zip: WINTER GARDEN, FL 34787

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER S. TOOLE

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date