

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90119 024 ****61.25

DOCUMENT # N12879

1. Entity Name

ASPHALT ANGELS, INC.



Principal Place of Business

C/O DONALD HANCOCK
12123 KEYLINE BLVD
WEST PALM BEACH FL 33412
US

Mailing Address

C/O DONALD HANCOCK
12123 KEYLINE BLVD
WEST PALM BEACH FL 33412
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2666916

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, DONALD
12123-KEYLINE BLVD
PALM BEACH GARDENS FL 33412

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: WHIPPY, ROBERT R
STREET ADDRESS: 16361 76TH STREET N
CITY-ST-ZIP: LOXAHATCHEE FL 33470 ☒ Delete

TITLE: SD
NAME: ATKINS, MICHAEL
STREET ADDRESS: 16745 W ALAN BLACK BLVD
CITY-ST-ZIP: LOXAHATCHEE FL 33470 ☐ Delete

TITLE: PD
NAME: HANCOCK, DONALD
STREET ADDRESS: 12123 KEYLINE BLVD
CITY-ST-ZIP: PALM BEACH GARDENS FL 33412 ☐ Delete

TITLE: D
NAME: SMITH, JERALD
STREET ADDRESS: 6571 143RD DR N.
CITY-ST-ZIP: LOXAHATCHEE FL 33470 ☒ Delete

TITLE: TD
NAME: HANCOCK, BETTIE
STREET ADDRESS: 12123 KEYLINE BLVD
CITY-ST-ZIP: PALM BEACH GARDENS FL 33412 ☐ Delete

TITLE: CD
NAME: TILLERY, DONALD
STREET ADDRESS: 13530 59TH CT N
CITY-ST-ZIP: WEST PALM BEACH FL 33411 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD
NAME: LARRY WELD
STREET ADDRESS: 11921 41ST STREET N
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: D
NAME: PAUL MCGUIRE
STREET ADDRESS: 147 LEXINGTON DR
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 ☐ Change ☒ Addition

TITLE: SGT OF ARMS
NAME: ROY HALL
STREET ADDRESS: MAC VISCAYA AVE
CITY-ST-ZIP: ROYAL PALM BEACH FL 33411 ☐ Change ☒ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: *Bettie Hancock* BETTIE HANCOCK 3/16/06 061-845-2900 EXT 260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #