


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90004 025 \*\*\*\*70.00

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N12879</b>   |  |  |   |    |  |
| 1. Entity Name<br>ASPHALT ANGELS, INC.   |  |  |   |   |  |
| Principal Place of Business<br>C/O DONALD HANCOCK<br>12123 KEYLIME BLVD<br>WEST PALM BEACH, FL 33412 US  |  |  | Mailing Address<br>C/O DONALD HANCOCK<br>12123 KEYLIME BLVD<br>WEST PALM BEACH, FL 33412 US   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br>C/O Kathy Coffey<br>Suite, Apt. #, etc.<br>12922 73 <sup>RD</sup> Ct. N.   |  |  | 3. Mailing Address<br>C/O Kathy Coffey<br>Suite, Apt. #, etc.<br>P.O. Box 449   |   |  |
| City & State<br>West Palm Beach, FL  |  | City & State<br>Loxahatchee, FL  |   | 4. FEI Number<br>59-2666916   |  |
| Zip<br>33412   | Country<br>USA   | Zip<br>33470   | Country<br>USA  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br>HANCOCK, DONALD<br>12123 KEYLINE BLVD<br>PALM BEACH GARDENS, FL 33412   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Coffey, Kathy<br>Street Address (P.O. Box Number is Not Acceptable)<br>12922 73 <sup>RD</sup> Court North<br>City<br>West Palm Beach, FL Zip Code<br>33412 |  |
| 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<br>Kathy Coffey  |  | Kathy Coffey   |   | 01-25-2008  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
| 10. OFFICERS AND DIRECTORS   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>WELD, LARRY<br>11921 41ST STREET N<br>ROYAL PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | P.D.<br>WELD, LARRY<br>11921 41st STREET North<br>Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition             |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>MAHLER, RICHARD<br>425 SKYLINE DRIVE<br>CAMPOBELLO, SC 29322 <input checked="" type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | VD<br>WESNER, SPENCE<br>16190 6th Court North<br>Loxahatchee, FL 33470 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>HANCOCK, DONALD<br>12123 KEYLIME BLVD<br>PALM BEACH GARDENS, FL 33412 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | S.D.<br>Coffey, Kathy<br>12922 73 <sup>RD</sup> Court North<br>West Palm Beach, FL 33412 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>WELD, DEBI<br>11921 41ST STREET N<br>ROYAL PALM BEACH, FL 33411 <input type="checkbox"/> Delete                   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | T.D.<br>Eubrich, Tom<br>13046 55th Road North<br>Royal Palm Beach, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>HANCOCK, BETTIE<br>12123 KEYLIME BLVD<br>PALM BEACH GARDENS, FL 33412 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | D-Sgt<br>Sandoz, Ron<br>12375 72nd Court North<br>West Palm Beach, FL 33412 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CD<br>TILLERY, DONALD<br>13530 59TH CT N<br>WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: Kathy Coffey  |  | Kathy Coffey   |   | Secretary 01-25-08 561-795-6543   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |  |  |   | Date Daytime Phone #  |  |

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