
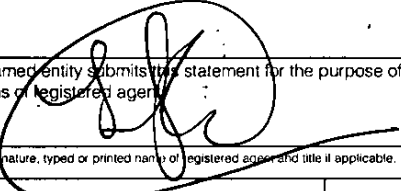
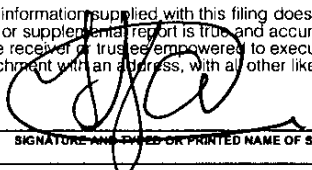


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90052 033 ***150.00

DOCUMENT # P02000005644			
1. Entity Name ASPHALT CARE COMPANY, INC.			
Principal Place of Business 1030 WEST 15 STREET RIVIERA BEACH, FL 33404		Mailing Address 1030 WEST 15 STREET RIVIERA BEACH, FL 33404	
2. Principal Place of Business - No P.O. Box # 1030 West 15 Street		3. Mailing Address 1030 West 15 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Riviera Beach, FL		City & State Riviera Beach, FL	
Zip 33404		Country U.S.A.	
4. FEI Number 04-3606542		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GANTZ, LYNDA 1030 WEST 15 ST. RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name: Ahearn L.J. Street Address (P.O. Box Number is Not Acceptable): 1030 West 15 Street City: Riviera Beach FL Zip Code: 33404	
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: 		DATE:	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GANTZ, LYNDA 1030 WEST 15 ST. RIVIERA BEACH, FL 33404 <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
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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 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:  L. Ahearn		Date: 3/1/07 Daytime Phone #: 305-238-2023	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	