

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000023837  
 1. Entity Name  
 AFTER HOURS ROAD SERVICE INC.



Principal Place of Business      Mailing Address  
 5341 TRAMMEL ST.                      5341 TRAMMEL ST.  
 NAPLES, FL 34113                      NAPLES, FL 34113

**DO NOT WRITE IN THIS SPACE**



02072007    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 01-0722859      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEASLEY, DAVID J JR.  
 5341 TRAMMEL ST.  
 NAPLES, FL 34113

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) \_\_\_\_\_ 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	CEO HEASLEY, DAVID J JR. 5341 TRAMMEL ST. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HEASLEY, SUSAN E 5341 TRAMMEL ST. NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000537787  
 02/27/07-80003-011 150.00

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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: Susan E. Heasley      Susan E. Heasley      2/12/07      239 417 2980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #