

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000068209

FILED
Apr 20, 2006
Secretary of State

Entity Name: CAPITAL ASPHALT REPAIR AND LAWN CARE INC.

Current Principal Place of Business:

4817 EAST STREET
TALLAHASSEE, FL 32303

New Principal Place of Business:

4817 EASY STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 10276
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 42-1611010 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATTS, MICHAEL E
2546 ARTHURS COURT LANE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOLLAND, SCHURLOCK
Address: 4817 EASY ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: HOLLAND, LULA
Address: 4817 EASY ST.
City-St-Zip: TALLAHASSEE, FL 32303

Title: D () Delete
Name: WATTS, MICHAEL E
Address: 2546 ARTHURS CT. LN
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: WATTS, DEMETRIA
Address: 2546 ARTHURS CT. LN
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E. WATTS

D

04/20/2006

Electronic Signature of Signing Officer or Director

Date