


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90169 009 ***150.00

DOCUMENT # P04000001438			
1. Entity Name BAY AREA ASPHALT SERVICES, INC			
Principal Place of Business 8411 OLD MEMORIAL HWY TAMPA, FL 33635		Mailing Address 8411 OLD MEMORIAL HWY TAMPA, FL 33635	
2. Principal Place of Business 8411 CREEK BANK LN		3. Mailing Address 8411 CREEK BANK LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33635	Country USA	Zip 33635	Country USA
6. Name and Address of Current Registered Agent DICK, GARY SR 8411 CREEK BANK LN TAMPA, FL 33635		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	D DICK, GARY SR 8411 OLD MEMORIAL HWY TAMPA, FL 33635 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICK, GARY SR 8411 CREEK BANK LN TAMPA, FL 33635 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <i>Gary Dick</i>		GARY DICK 4-7-05 (813) 855-3348	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

50035442



02012005 Chg-P CR2E034 (10/03)

4. FEI Number
33-1080173 Applied For
Not Applicable

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