

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-11-2005 90043 026 ***150.00

DOCUMENT # P04000035245 1. Entity Name JACKSONVILLE ASPHALT MAINTENANCE, INC.					
Principal Place of Business 840 S EDGEWOOD DR AVE JACKSONVILLE, FL 32231			Mailing Address 840 S EDGEWOOD DR JACKSONVILLE, FL 32231		
2. Principal Place of Business 840 South Edgewood Suite, Apt. #, etc. # 218		3. Mailing Address 2325 Limrick CT Suite, Apt. #, etc.			
City & State Middleburg, FL		City & State Middleburg, FL		4. FEI Number 30-0238555	
Zip 32068		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALZER, E A SR 2620 NW 115TH TERRACE CORAL SPRINGS, FL 32068				7. Name and Address of New Registered Agent Name ALAN B. VLCEK Street Address (P.O. Box Number is Not Acceptable) 515-2 EAST 9TH STREET City JACKSONVILLE	
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 ALAN B. VLCEK DATE 2-10-05	
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 D NAME SALZER, E A SR STREET ADDRESS 2620 NW 115TH TERRACE CITY-ST-ZIP CORAL SPRINGS, FL 33065				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME SALZER, E A STREET ADDRESS 2325 LIMRICK CT CITY-ST-ZIP MIDDLEBURG, FL 32068				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Edward J. [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE 2-10-05 DAYTIME PHONE # 904-398-7004	