ABACUS ACCTING & TAX

07-08-2005 90023 002 ***150.00
P04000109702

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL 25 PM 5:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000109702

1. Entity Name
ASPHALT SEALING & STRIPING CO., INC.

Principal Place of Business
1726 NORTHEAST EIGHTH ROAD
OCALA, FL 34470

Mailing Address
1726 NORTHEAST EIGHTH ROAD
OCALA, FL 34470

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
P.O. Box 1266
Suite, Apt. #, etc.
City & State: Ocala, FL
Zip: 34478 | Country

07052005 Cng-P CR2E034 (10/03)

4. FEI Number: 20-1514414 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
STEPHENSON, NANCY
1726 NORTHEAST EIGHTH ROAD
OCALA, FL 34470

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 ______________________

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	APPLING, MARK	NAME	
STREET ADDRESS	4083 NORTHEAST EIGHTEENTH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34479	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEPHENSON, NANCY	NAME	
STREET ADDRESS	1520 NORTHEAST 40TH STREET	STREET ADDRESS	
CITY-ST-ZIP	OCALA, FL 34479	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Nancy A. Stephenson 7/5/05 352-732-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | DATE | DAYTIME PHONE #