

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000109702 1. Entity Name ASPHALT SEALING & STRIPING CO., INC.	
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Principal Place of Business 1726 NORTHEAST EIGHTH ROAD OCALA, FL 34470	Mailing Address P.O. BOX 1266 OCALA, FL 34478
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1514414	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEPHENSON, NANCY 1726 NORTHEAST EIGHTH ROAD OCALA, FL 34470

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

UN00000382610
01/12/06-80018-018 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D APPLING, MARK 4083 NORTHEAST EIGHTEENTH AVENUE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHENSON, NANCY 1820 NORTHEAST 40TH STREET OCALA, FL 34479
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Nancy A. Stephenson Nancy A. Stephenson 1/9/06 352-732-0900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #