2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2008
Secretary of State

DOCUMENT# P04000124243

Entity Name: ASAP GENERAL SERVICES, INC.

Current Principal Place of Business:

2819 RAVENDALE LANE
HOLIDAY, FL 34691

New Principal Place of Business:

Current Mailing Address:

2819 RAVENDALE LANE
HOLIDAY, FL 34691

New Mailing Address:

1600 EDEN CT
CLEARWATER, FL 33756

FEI Number: 73-1716130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVA, JUSTO
2819 RAVENDALE LANE
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

OLIVA, JUSTO
1600 EDEN CT
CLEARWATER, FL 33756 US

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: 06/01/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: OLIVA, JUSTO
Address: 2819 RAVENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

Title: VP/T ( ) Delete
Name: OLIVA, JUSTO
Address: 2819 RAVENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

Title: S ( ) Delete
Name: OLIVA, JUSTO
Address: 2819 RAVENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: OLIVA, JUSTO
Address: 1600 EDEN CT
City-St-Zip: CLEARWATER, FL 33756

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 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: JUSTO OLIVA VP 06/01/2008
Electronic Signature of Signing Officer or Director Date