


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90361 029 ***150.00

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| DOCUMENT # P05000077891 | |  |
| 1. Entity Name ASAP SCOPING & PROOFING, INC. | | |

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|---|---|
| Principal Place of Business 1534 GRAPE ST TALLAHASSEE, FL 32303 | Mailing Address 1534 GRAPE ST TALLAHASSEE, FL 32303 |
|---|---|

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|---|---|
| 2. Principal Place of Business 5630 Oakland Drive | 3. Mailing Address 5630 Oakland Dr. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | |
|----------------------------------|----------------------------------|
| City & State Tampa, FL | City & State Tampa, FL |
| Zip 33617 | Zip 33617 |
| Country USA | Country USA |



03272006 Chg-P CR2E034 (11/05)

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|------------------------------------|--|
| 4. FEI Number 20-2920409 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

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| 6. Name and Address of Current Registered Agent GLIDEWELL, PAMELA E 5630 OAKLAND DRIVE TAMPA, FL 33617 | |
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| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|------------------------------------|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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 GLIDEWELL, PAMELA E 5630 OAKLAND DRIVE TAMPA, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Glidewell, Pamela E. 5630 Oakland Dr. Tampa, FL 33617 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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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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: Pamela E. Glidewell, President **3/27/06 (850)510-427**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Pamela E. Glidewell, President