


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90026 015 ***150.00

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

Principal Place of Business 5630 OAKLAND DR TAMPA, FL 33617	Mailing Address 5630 OAKLAND DR TAMPA, FL 33617
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40062712



2. Principal Place of Business - No P.O. Box # 1534 Grape Street	3. Mailing Address 1534 Grape Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042008 Chg-P CR2E034 (12/06)

City & State Tallahassee, FL	City & State Tallahassee, FL	4. FEI Number 20-2920409	Applied For Not Applicable
Zip 32303	Country USA	Zip 32303	Country USA

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: Pamela E. Glidewell Street Address (P.O. Box Number is Not Acceptable) 1534 Grape Street City: Tallahassee FL Zip Code: 32303	
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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: <u>Pamela E. Glidewell</u> <u>Pamela E. Glidewell</u> <u>4-4-08</u>	(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
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	P GLIDEWELL, PAMELA E 5630 OAKLAND DR TAMPA, FL 33617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1534 Grape Street Tallahassee, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1534 Grape Street Tallahassee, FL 32303
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Pamela E. Glidewell</u> <u>Pamela E. Glidewell, President (850) 510-4707</u>	Date: <u>4-4-08</u> Daytime Phone #