
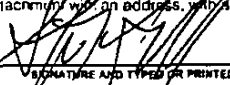


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90026 007 ***158.75

DOCUMENT # P05000123329			
1. Entity Name TMT ASPHALT SERVICES, INC.			
Principal Place of Business 404 SOUTH EAST 15TH STREET RUSKIN, FL 33570		Mailing Address POST OFFICE BOX 1829 WIMBUNA, FL 33598	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 190	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ruskin, Fla.	
Zip	Country	Zip	Country
33570	USA	33570	USA
6. Name and Address of Current Registered Agent LOVELL, STEPHEN W 404 SOUTH EAST 15TH STREET RUSKIN, FL 33570		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 re-registering)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LOVELL, TIMOTHY 13024 WATERBOURNE DRIVE GIBSONTON, FL 33534 <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	P LOVELL, TIMOTHY 13024 WATERBOURNE DRIVE GIBSONTON, FL 33534 <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: 		Vice President	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 2/21/08 Daytime Phone: 813-449-1078	

40057020



01142008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3415364

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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SIGNATURE:  Vice President

Date: **2/21/08** Daytime Phone: **813-449-1078**