2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2007 8:00 am
Secretary of State
08-01-2007 90035 009 ***150.00

DOCUMENT # P06000082116

1. Entity Name
ASPHALT REPAIR, INC.

Principal Place of Business	Mailing Address
15550 NORTHGATE LANE SPRING HILL, FL 34610 US	P.O. BOX 11231 SPRING HILL, FL 34610

07272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
		15550 Northgate Lane	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State: Spring Hill, FL	
Zip	Country	Zip: 34610	Country: US.

4. FEI Number: 74-3175963 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SCOTT, JAMES O JR
15550 NORTHGATE LANE
SPRING HILL, FL 34610

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
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P/D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCOTT, JAMES O JR		NAME		
STREET ADDRESS	15550 NORTHGATE LANE		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34610		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: X [signature] 7-27-07 727-856-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #