


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000024962 1. Entity Name STATE ASPHALT CORP.	
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Principal Place of Business 406 LAKESHORE DRIVE EUSTIS, FL 32726 US	Mailing Address 380 WEST ALFRED STREET C/O WILLIAMS, SMITH & SUMMERS, P.A. TAVERES, FL 32778 US
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01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3247630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SUMMERS, GARY L. 380 WEST ALFRED STREET TAVERES, FL 32778	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		DO NOT WRITE IN THIS SPACE U000000603206 01/29/07-80004-009 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SHAFAER, STEPHEN R 12730 C.R. 561 CLERMONT, FL 34711	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVST SHAFAER, STEPHEN A 406 LAKESHORE DRIVE EUSTIS, FL 32726	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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:  **Stephen A. Shafer** **1/23/07** **352-267-4490**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #