

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 030 ***150.00

DOCUMENT # P97000080270

1. Entity Name
TOM'S ASPHALT REPAIRS, INC.



Principal Place of Business
**7135 BEACH BLVD
JACKSONVILLE FL 32216**

Mailing Address
**PO BOX 17095
JACKSONVILLE FL 32245**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E034 (4/06)

4. FEI Number **59-3471206**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, STANLEY
7135 BEACH BLVD
JACKSONVILLE FL 32216**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
DUE BY September 6, 2006
Make Check Payable to Florida Department of State**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **MILLER, NANCY H** ☒ Delete
STREET ADDRESS **6340 VICTORIA PRK CT.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE **P**
NAME **Stanley J. Miller** ☒ Change ☐ Addition
STREET ADDRESS **6340 Victoria Prk CT**
CITY - ST - ZIP **Jacksonville FL 32216**

TITLE **VS**
NAME **MILLER, STANLEY J** ☐ Delete
STREET ADDRESS **6340 VICTORIA PRK CT.**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

TITLE **VS**
NAME **Corey D. Miller** ☐ Change ☒ Addition
STREET ADDRESS **3425 Drum ST**
CITY - ST - ZIP **Jacksonville FL 32207-6877**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ 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: **Stanley J. Miller** **STANLEY J. Miller**

07-17-06 904-721-0606

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #