


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90102 042 \*\*\*150.00

**DOCUMENT # P99000049191**

1. Entity Name  
**PREMIER ASPHALT SERVICES, INC.**



Principal Place of Business      Mailing Address

**8140 COLLEGE PKWY**      **8140 COLLEGE PKWY**  
**SUITE 107**      **SUITE 107**  
**FORT MYERS, FL 33919**      **FORT MYERS, FL 33919**


2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**60003633**



01102007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0930840**      Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LORI LANE**  
**12995 S. CLEVELAND AVE. PBSI**  
**FORT MYERS, FL 33907**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number(s) Not Acceptable)  
**8140 College Parkway Suite 107**

City      State      Zip Code  
**Fort Myers      FL      33919**

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**  
**After May 1, 2007 Fee will be \$550.00**

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 <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, LORI A	NAME	
STREET ADDRESS	8140 COLLEGE PKWY BLVD SUITE 107	STREET ADDRESS	<b>8140 College Parkway Suite 107</b>
CITY-ST-ZIP	FORT MYERS, FL 33919	CITY-ST-ZIP	<b>Fort Myers, FL 33919</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lori Lane      Date: 1-10-07      Daytime Phone #: 239489-1588