## 2006 FOR PROFIT-CORPORATION **ANNUAL REPORT (AR)**

**SIGNATURE:** 

## Mar 27, 2006 8:00 am Secretary of State **DOCUMENT # \$79193** 03-27-2006 90259 021 \*\*\*150.00 1. Entity Name ASPHALT ENGINEERING, INC. Principal Place of Business Mailing Address 17351 SR 52 17351 SR 52 LAND O' LAKES FL 34639 LAND O' LAKES FL 34639 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3086641 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEOGHEGAN, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 17351 SR 52 LAND O LAKES FL 34639 City 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. THLE S/T ☐ Delete TITLE ☐ Change Addition BROOKSHIRE, PAULINE V NAME STREET ADDRESS 4331 CRAFTSBURY DR STREET ADDRESS CITY-ST-ZIP **NEW PORT RICHEY FL 34652** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAME GEOGHEGAN, JAMES L. NAME STREET ADDRESS 17351 SR 52 STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP LAND O'LAKES FL 34639 ☐ Delete HILE Addition GEOGHEGAN, RAYMOND J STREET ADDRESS 117 FISHERNAM LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HOMOSASSA FL 34448 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

**FILED** 

Date

Daytime Phone #