## ~~2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

## FILEU SECRETARY OF STATE DOCUMENT # V17307 DIVISION OF CORPORATIONS 1. Entity Name AMERICAN ASPHALT PAVING SERVICES, INC. 07 APR 20 AM 9: 46 Principal Place of Business Mailing Address 3157 HIGHWAY 441 NORTH 3157 HIGHWAY 441 NORTH OKEECHOBEE, FL 34972 OKEECHOBEE, FL 34972 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04192007 Cha-P Applied For City & State City & State 4 FEI Number 65-0381519 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVID A. SCHMIDT SCHMIDT, RONALD L PRES Street Address (P.O. Box Number is Not Acceptable) 3157 HIGHWAY 441 NORTH OKEECHOBEE, FL 34972 3157 Highway 441 North Okeechobee Zip Code 72 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? April 19, 2005 SIGNATURE inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PRES ☐ Addition Delete Change TITLE TITLE SCHMIDT, DAVID A. 3157 Highway 441 North SCHMIDT, RONALD L PRES NAME NAME 3157 HIGHWAY 441 N STREET ADDRESS STREET ADDRESS Okeechobee, FL 34972 CITY-ST-7IP CITY-ST-ZIP OKEECHOBEE, FL 34972 VΡ Delete TITLE Sci Change ☐ Addition TITLE HAMPTON, ANTHONY D MR. SCHMIDT, MIKE NAME STREET ADDRESS 3157 HIGHWAY 441 N STREET ADDRESS 219 S.E. 24th Blvd. Okeechobee, FL 34974 CITY-ST-ZIP OKEECHOBEE, FL 34972 CITY-ST-7IP ☐ Delete TITLE S/T ☐ Change ■ Addition TITLE SCHMIDT, DONALD NAME 3157 Highway 441 North Okeechobee, FL 34972 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE KAMICHOFF, KAREN 879 Westfield Ave. Rahway, NJ 07065 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME 000097699690 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

David A. Schmidt, Pres. 4/19/07

(863)357-3283



ACCOUNT NO.	: 072100000032	
REFERENCE	: 86064.0 10234A	
AUTHORIZATION	: Symbolican	)
COST LIMIT	: \$ 150.00	
ORDER DATE : April 20, 2007		
ORDER TIME : 9:27 AM		
ORDER NO. : 860640-005		
CUSTOMER NO: 10234A		
ANNUAL REPOR	T FILING	DIN 20
NAME: AMERICAN ASP SERVICES, INC		MECETYED  DEPARTMENT OF STA  VISION OF CORPORATI  OF APR 20 AN IO-  TO ACKNOWLEDGE  OFFICIENCY OF FILLY
XX ANNUAL REPORT		TIONS
PLEASE RETURN THE FOLLOWING A	S PROOF OF FILING:	- 1
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD S'	TANDING	
CONTACT PERSON: Susie Knight	-EXT#2956	
	EXAMINER'S INITIALS:	