2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# V17307

Entity Name: AMERICAN ASPHALT PAVING SERVICES, INC.

Current Principal Place of Business:

3157 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

401 NORTHWEST SIXTH STREET
OKEECHOBEE, FL 34972 US

Current Mailing Address:

3157 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

New Mailing Address:

POST OFFICE DRAWER 1367
OKEECHOBEE, FL 34973 US

FEI Number: 65-0381519 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMIDT, DAVID A
3157 HIGHWAY 441 NORTH
OKEECHOBEE, FL 34972 US

Name and Address of New Registered Agent:

CONELY, THOMAS W III
POST OFFICE DRAWER 1367
OKEECHOBEE, FL 34973 US

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.

SIGNATURE: THOMAS W. CONELY, III 04/30/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHMIDT, DAVID A
Address: 3157 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: VP (X) Delete
Name: SCHMIDT, MIKE
Address: 219 S.E. 24TH BLVD
City-St-Zip: OKEECHOBEE, FL 34974

Title: ST (X) Delete
Name: SCHMIDT, DONALD
Address: 3157 HIGHWAY 441 NORTH
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: D (X) Delete
Name: KAMICHOFF, KAREN
Address: 879 WESTFIELD AVENUE
City-St-Zip: RAHWAY, NJ 07065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: KAMICHOFF, KAREN
Address: 879 WESTFIELD AVENUE
City-St-Zip: RAHWAY, NJ 07065 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN KAMICHOFF P 04/30/2008
Electronic Signature of Signing Officer or Director Date