

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90047 008 \*\*\*150.00

**DOCUMENT # V53133**

1. Entity Name  
LAYERS ASPHALT INC.



Principal Place of Business

504 AVOCADO CRL  
BRANDON, FL 33510

Mailing Address

504 AVOCADO CRL  
BRANDON, FL 33510

40050193



01252005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0341834

Applied For  
Not Applicable

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

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

PURCELL, RONALD R ESQ.  
504 AVOCADO CRL.  
BRANDON, FL 33510

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME PURCELL, RONALD R SR.  
STREET ADDRESS 504 AVOCADO CIRCLE  
CITY-ST-ZIP BRANDON, FL 33510

TITLE VP  
NAME PURCELL, CHRISTINE  
STREET ADDRESS 504 AVOCADO CIRCLE  
CITY-ST-ZIP BRANDON, FL 33510

TITLE D  
NAME BENNETT, MICHAEL  
STREET ADDRESS 1512 WHEELER RD  
CITY-ST-ZIP SEFFNER, FL 33584

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Christine Purcell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-05-05

Date

Daytime Phone #