I hereby certify that the information indicated on this report or supplemental report is true and accur oath; that I am an officer or director of the corporation or the receiver or trustee empowered to exercise		
above, or on an attachment with all other like empowered.		o, and that my hame appears
SIGNATURE: SUE LINENGER	PRESIDENT	04/12/2015

PRESIDENT

SIGNATURE: SUE LINENGER

# **Officer/Director Detail :**

Title	Р
Name	LINENGER, SUE A
Address	677 N WASHINGTON BLVD
City-State-Zip:	SARASOTA FL 34236
	Name Address

### 2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# P04000004120

# Entity Name: ASPHALT REPAIR SERVICE OF SOUTHWEST FLORIDA, INC.

## **Current Principal Place of Business:**

677 N WASHINGTON BLVD SARASOTA, FL 34236

### **Current Mailing Address:**

677 N WASHINGTON BLVD SARASOTA, FL 34236

## FEI Number: 20-0569801

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

LINENGER, SUE A 677 N WASHINGTON BLVD SARASOTA, FL 34236 US

FILED Apr 12, 2015 Secretary of State CC2703312571

Date

Certificate of Status Desired: No

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:

Electronic Signature of Signing Officer/Director Detail