

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 325859

FILED
Jan 05, 2004
Secretary of State

Entity Name: HALIFAX PAVING, INC.

Current Principal Place of Business:

860 HULL ROAD
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 730549
ORMOND BCH, FL 32173 US

New Mailing Address:

FEI Number: 59-1233559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVIS, JAMES E.
522 MOONRISE DRIVE
PORT ORANGE, FL 32119 US

Name and Address of New Registered Agent:

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 Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DAVIS, JAMES E,
Address: 522 MOONRISE DRIVE
City-St-Zip: PORT ORANGE, FL 32119

Title: D () Delete
Name: DURRANCE, ALMA
Address: 1247 WOODLAND TR
City-St-Zip: ORMOND BCH, FL 32174

Title: STD () Delete
Name: DURRANCE, LEONARD C,
Address: 1249 WOODLAND TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: CD () Delete
Name: DURRANCE, THOMAS L,
Address: 471 AIRPORT ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: DURRANCE, THOMAS A.,
Address: 471 AIRPORT ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: V () Delete
Name: BLAIR, STEVEN S.,
Address: 2511 LIPIZZAN TR
City-St-Zip: ORMOND BCH, FL 32174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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Title: () Change () Addition
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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 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 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: LEONARD C. DURRANCE

STD

01/05/2004

Electronic Signature of Signing Officer or Director

_____ Date