

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 325859

FILED  
Jan 04, 2008  
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 (X).

**OFFICERS AND DIRECTORS:**

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

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

Title: VD ( ) Delete  
Name: WATSON, AARON L MR  
Address: 860 HULL RD.  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

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

**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  
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: LEONARD C. DURRANCE

STD

01/04/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date