## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000029172  1. Entity Name CYRIL MACE ASPHALT PAVING SERVICE, INC.  Principal Place of Business  Mailing Address								06 FEB 20 SEURLIMA TALLAHASS		5: 29		
751 SR 100 PALATKA, FL		<b>S</b>	Mailing Address 751 SR 100 PALATKA, FL 32177			4 IEGURG: 10				<b>16</b> 1 (  1 <b>63</b> )		
2. Principal Pl	ace of Busin	ess	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			01162006	Chg-P	CR2E0	34 (11/05)			
City & State			City & State	City & State			4. FEI Numbe 38-369			<del> </del>	olied For Applicable	
Zip	Country		Zip				5. Certificate	of Status Desired		\$8.75 Addit Fee Required		
	Registered Agent		7. Name and Address of New Registered Agent Name									
MACE, DEANNA JANE 751 SR 100 PALATKA. FL 32177						Street Address (P.O/Box Number is Not Acceptable)						
PACATOA, PE 32171						235 Jim Bryant Rd, City ast Paletta, FL Zip Code 3/						
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 Great By By I an Dunkin (NOTE: Registered Agent signature required when reinstating)  DATE												
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees												
10.		OFFICERS AND		11.			ADDITIONS	CHANGES TO OFF	IÇERŞ AND	DIRECTORS	IN 11	
TITLE NAME	P Total Intuition MACE, DEANNA JANE									Change	Addition	
STREET ADDRESS CITY-ST-ZIP							02720	00066: 0/0601013	2017	665 ***193	3.75	
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NAME STREET ADDRESS	DUNKIN, GREGORY BRIAN 751 SR 100 str					Gr	egory B	rian Dua	RIN			
CITY-ST-ZIP	PALATKA, FL 32177					23	150510	+ Bryant	a fl	32/3	/	
TITLE	ST Delete IIILE								<del>-)-•</del>	☐ Change	Addition	
NAME Street Address	MACE, CYRIL B 751 SR 100											
CITY-ST-ZIP	PALATKA	, FL 32177		-i	-ST-ZIP							
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STREET ADDRESS					ET ADDRESS -ST-ZIP			^				
CITY-ST-ZIP			☐ Delete	TITL				<del>{}-</del> -		☐ Change	Addition	
NAME				NAM	E			NIN	$\mathcal{N}$		_	
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TITLE			☐ Delete	TITL	I .			/ 7	· ·· -	Change	Addition	
NAME Street adoress	i I		ET ADDRESS			1	1	XV				
CITY-ST-ZIP					-ST-ZIP				) 0			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the rederiver or trustee empowered to execute his 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: 1-1-06 386-329-8909												

7-1-01 386-329-8909