


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000106762  
 1. Entity Name  
 PAVE-RITE UNDERGROUND DIVISION, INC.



Principal Place of Business 3411 W. CRIGGER COURT LECANTO, FL 34460	Mailing Address 3411 W. CRIGGER COURT LECANTO, FL 34460
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**DO NOT WRITE IN THIS SPACE**



05092008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-3243714	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 AZZARELLI, JOSEPH R  
 97 ANTON COURT  
 HOMOSASSA, FL 34446

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SMITH, DOLAN V 8321 N IRA MARTIN AVE CRYSTAL RIVER, FL 34428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST AZZARELLI, JOSEPH 97 ANTON COURT HOMOSASSA, FL 34446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KORSTICK, JEFFREY 6017 N PUEBLO TERRACE DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP L. MICHAEL DELGADO 1306 S E KINGS BAY DR CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 06/04/08-80009-010 158.75

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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 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:  **VP**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/9/08 352-021-1100  
 Date Daytime Phone #