

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106762

FILED
Jun 23, 2009
Secretary of State

Entity Name: PAVE-RITE UNDERGROUND DIVISION, INC.

Current Principal Place of Business:

3411 W. CRIGGER COURT
LECANTO, FL 34460

New Principal Place of Business:

Current Mailing Address:

3411 W. CRIGGER COURT
LECANTO, FL 34460

New Mailing Address:

FEI Number: 20-3243714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AZZARELLI, JOSEPH R
97 ANTON COURT
HOMOSASSA, FL 34446 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SMITH, DOLAN V
Address: 8321 N IRA MARTIN AVE
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: ST () Delete
Name: AZZARELLI, JOSEPH
Address: 97 ANTON COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: VP () Delete
Name: KORSTICK, JEFFREY
Address: 6017 N PUEBLO TERRACE
City-St-Zip: DUNNELLON, FL 34433 67

Title: VP () Delete
Name: L. MICHAEL DELGADO
Address: 1306 S E KINGS BAY DR
City-St-Zip: CRYSTAL RIVER, FL 34429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: AZZARELLI, JOSEPH R
Address: 97 ANTON COURT
City-St-Zip: HOMOSASSA, FL 34446

Title: VP (X) Change () Addition
Name: KORSTICK, JEFFREY J
Address: 6017 N PUEBLO TERRACE
City-St-Zip: BEVERLY HILLS, FL 34465

Title: VP (X) Change () Addition
Name: DELGADO, MICHAEL
Address: 1306 S E KINGS BAY DR
City-St-Zip: CRYSTAL RIVER, FL 34429

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: JOSEPH AZZARELLI

VP

06/23/2009

Electronic Signature of Signing Officer or Director

_____ Date