2005 FOR PROFIT CORPORATION - ANNUAL REPORT

FILED May 05, 2005 08:00 AM Secretary of State

DOCUMÊNT # S98040 1. Entity Name MACSWEENEY PAVING, INC.						
Principal Place 612 FLA, BL CRYSTAL BEA		Mailing Address PO BOX 911 CRYSTAL BEACH, FL 34681		<u> </u>	N ININI ININI NIII NINI NINI NINI NINI	IT WANT WEN'T WARE WAREHOUDE OLEOWE
D	O NOT WRITE	CE	05032005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For S9-3100069 Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required			
	H, GREG SOURI AVE LTER, FL 34616	DO NOT WRITE IN THIS SPACE				
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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tile if applicable. (NOTE: Registered Agent sonature required when renstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be						
70. TITLE NAME	OFFICERS AND DIE DPT MACSWEENEY, LEO A III	Trust Fund Contribution.	LI Ad	Ided to Fees		
STHEET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	612 FLA BLVD. CRYSTAL BEACH, FL 34681 S MACSWEENEY, PATRICIA KAY 612 FLA BLVD. CRYSTAL BEACH, FL 34681 V HORSINGTON, WILLIAM	-	05/05/05-80135-003 150.00			
STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	612 FLA BLVD. CRYSTAL BEACH, FL 34681				NOT WRI	· -
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.						

LEG A. MAL SUFENEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR

DEG