


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

DOCUMENT # S98040 1. Entity Name MACSWEENEY PAVING, INC.	
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Principal Place of Business 612 FLA. BLVD. CRYSTAL BEACH, FL 34681	Mailing Address PO BOX 911 CRYSTAL BEACH, FL 34681
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04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3100069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERENICH, GREG
311 S MISSOURI AVE
CLEARWATER, FL 34616

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
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MACSWEENEY, LEO A III 612 FLA BLVD. CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACSWEENEY, PATRICIA KAY 612 FLA BLVD. CRYSTAL BEACH, FL 34681
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORSINGTON, WILLIAM 612 FLA BLVD. CRYSTAL BEACH, FL 34681
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/02/07-80027-010 150.00

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: Leo A Mac Sweeney 4/20/07 727-796-2258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #