

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 325859

**Entity Name:** HALIFAX PAVING, INC.

**Current Principal Place of Business:**

814 HULL ROAD  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

P O BOX 730549  
ORMOND BCH, FL 32173 US

**FEI Number:** 59-1233559

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

DURRANCE, THOMAS A  
60 JILL ALISON CIRCLE  
ORMOND BEACH, FL 32176 US

*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

**Officer/Director Detail :**

Title D  
Name CONROY, IRENE EMRS.  
Address 461 AIRPORT ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR, ASST. SECRETARY,  
ASST. TREASURER  
Name DURRANCE, LEONARD CMR  
Address 1249 WOODLAND TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

Title VD  
Name DURRANCE, JOSEPH LMR.  
Address 3 CLIFFWOOD CIRCLE  
City-State-Zip: ORMOND BEACH FL 32174

Title PD  
Name DURRANCE, THOMAS AMR.  
Address 60 JILL ALISON CIRCLE  
City-State-Zip: ORMOND BEACH FL 32176

Title D  
Name DURRANCE, JO LYNN MRS.  
Address 471 AIRPORT ROAD  
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY, TREASURER  
Name DURRANCE, AMANDA L  
Address 1247 WOODLAND TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

*I hereby 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 all other like empowered.*

**SIGNATURE:** AMANDA L DURRANCE

ST

01/09/2014

Electronic Signature of Signing Officer/Director Detail

Date