

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 243003

1. Entity Name  
ART STOLTENBERG PAVING COMPANY



Principal Place of Business  
6920 BENJAMIN RD  
TAMPA, FL 33684

Mailing Address  
PO BOX 15744  
TAMPA, FL 33684-5744



01172005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0869381

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SOSOMEN, IVOR L JR  
6920 BENJAMIN RD  
TAMPA, FL 33634

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME FLOYD, CATHERINE A  
STREET ADDRESS 12201 HIDDEN BROOK DR  
CITY-ST-ZIP TAMPA, FL 33624

TITLE PD  
NAME SOSOMEN, IVOR L  
STREET ADDRESS 6920 BENJAMIN RD  
CITY-ST-ZIP TAMPA, FL 33684

TITLE VD  
NAME RIDER, KENNETH P  
STREET ADDRESS 11307 ECHOVIEW DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE TD  
NAME RIDER, CHERRIE A  
STREET ADDRESS 11307 ECHOVIEW DR  
CITY-ST-ZIP ODESSA, FL 33556

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000284600  
04/02/05-80011-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Ivor L. Sosomen, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-05 813-884-9289