


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 243003 1. Entity Name ART STOLTENBERG PAVING COMPANY	
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Principal Place of Business 6920 BENJAMIN RD TAMPA, FL 33684	Mailing Address PO BOX 15744 TAMPA, FL 33684-5744
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DO NOT WRITE IN THIS SPACE



01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0869381	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLOYD, CATHERINE A 12201 HIDDEN BROOK DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSOMEN, IVOR L 6920 BENJAMIN RD TAMPA, FL 33684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RIDER, KENNETH P 11307 ECHOVIEW DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIDER, CHERRIE A 11307 ECHOVIEW DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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02/22/07-80024-017 150.00

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: Ivor L. Sosomen, Jr. **Ivor L. Sosomen, Jr.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Feb. 6, 2007 813-884-9560**
Date Daytime Phone #