2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# 243003

Entity Name: ART STOLTENBERG PAVING COMPANY

Current Principal Place of Business:

6920 BENJAMIN RD
TAMPA, FL 33684

New Principal Place of Business:

Current Mailing Address:

PO BOX 15744
TAMPA, FL 336845744

New Mailing Address:

FEI Number: 59-0869381 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: FLOYD, CATHERINE A
Address: 12201 HIDDEN BROOK DR
City-St-Zip: TAMPA, FL 33624

Title: PD ( ) Delete
Name: SOSOMEN, IVOR L
Address: 6920 BENJAMIN RD
City-St-Zip: TAMPA, FL 33684

Title: VD ( ) Delete
Name: RIDER, KENNETH P
Address: 11307 ECHOVIEW DR
City-St-Zip: ODESSA, FL 33556

Title: TD ( ) Delete
Name: RIDER, CHERRIE A
Address: 11307 ECHOVIEW DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: IVOR L. SOSMEN, JR. PD 08/06/2008

Electronic Signature of Signing Officer or Director Date