


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 281702</b> 1. Entity Name <b>GULF PAVING COMPANY</b>	
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Principal Place of Business <b>3460 METRO PARKWAY FT. MYERS, FL 33916 US</b>	Mailing Address <b>GULF PAVING COMPANY P.O. BOX 1584 FT. MYERS, FL 33902-1584 US</b>
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**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1052626</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>LAUSE, TIMOTHY 24 CATALPA COURT FT MYERS, FL 33919</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000069340 03/01/04-80010-017 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAUSE, TIMOTHY B. 24 CATALPA COURT FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAUSE, JOHN T 19680 N RIVER RD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD LAUSE, HOPE 8693 PATTY BERG CT. ST. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAUSE, CAROLYN 19680 N RIVER RD ALVA, FL 33920
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(f), 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.

<b>SIGNATURE:</b> 	<b>1/6/04</b>	<b>239-334-3652</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>