

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 03, 2005 08:00 AM  
Secretary of State

DOCUMENT # 281702

1. Entity Name  
GULF PAVING COMPANY



Principal Place of Business  
3460 METRO PARKWAY  
FT. MYERS, FL 33916 US

Mailing Address  
GULF PAVING COMPANY  
P.O. BOX 1584  
FT. MYERS, FL 33902-1584 US



01112005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-1052626

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LAUSE, TIMOTHY  
24 CATALPA COURT  
FT MYERS, FL 33919

**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

U00000213414  
02/03/05-80064-014 158.75

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LAUSE, TIMOTHY B.  
STREET ADDRESS 24 CATALPA COURT  
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD  
NAME LAUSE, JOHN T  
STREET ADDRESS 19680 N RIVER RD.  
CITY-ST-ZIP ALVA, FL 33920

TITLE CD  
NAME LAUSE, HOPE  
STREET ADDRESS 8693 PATTY BERG CT.  
CITY-ST-ZIP ST. MYERS, FL 33919

TITLE ST  
NAME LAUSE, CAROLYN  
STREET ADDRESS 19680 N RIVER RD  
CITY-ST-ZIP 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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/05 239-334-3652