2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 332231

1. Entity Name
D & W PAVING, INC.

Principal Place of Business	Mailing Address
308 SUNSET AVE HOLLY HILL, FL 32117 US	PO BOX 250725 HOLLY HILL, FL 32125-0725 US

DO NOT WRITE IN THIS SPACE

02042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1219269

☐ Applied For
☐ Not Applicable

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

8. Name and Address of Current Registered Agent

DURRANCE, BARBARA
308 SUNSET AVE
HOLLY HILL, FL 32117

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing)

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	STD
NAME	DURRANCE, BARBARA C.
STREET ADDRESS	407 AIRPORT RD
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	PD
NAME	DURRANCE, DENNIS
STREET ADDRESS	407 AIRPORT RD
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	VD
NAME	DURRANCE, CLAY
STREET ADDRESS	407 AIRPORT RD
CITY-ST-ZIP	ORMOND BCH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000237065
02/21/05-80044-004 150.00

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)(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.

BARBARA C. DURRANCE

SIGNATURE: Barbara C. Durrance 2/18/05 (386) 258-5440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #