

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 332231

1. Entity Name
D & W PAVING, INC.



Principal Place of Business
**308 SUNSET AVE
HOLLY HILL, FL 32117 US**

Mailing Address
**PO BOX 250725
HOLLY HILL, FL 32125-0725 US**



02232008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1219269** Applied For
Not Applicable

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

6. 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 _____ (NOTE: Registered Agent signature required when remitting) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

10000045674H
03/16/06-00043-001 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Barbara C. Durrance
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/01/06 (386) 758-5440
Date Daytime Phone #