


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90019 046 ***150.00

DOCUMENT # 386308 1. Entity Name SUNCOAST PAVING, INC.					
Principal Place of Business 800 ANCLOTE ROAD TARPON SPGS., FL 34689			Mailing Address 800 ANCLOTE ROAD TARPON SPGS., FL 34689		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEACOCK, RAY 2348 SUNSET POINT ROAD SUITE E CLEARWATER, FL 33765			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	STD <input type="checkbox"/> Delete		TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMM, MARTHA		NAME		
STREET ADDRESS	1900 RICHARD ERVIN PKWY		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL 00000.		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMM, W T		NAME		
STREET ADDRESS	1900 RICHARD ERVIN PKWY		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL		CITY-ST-ZIP		
TITLE	VPD <input type="checkbox"/> Delete		TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMM, WILLIAM T II		NAME		
STREET ADDRESS	595 RANCH ROAD		STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS, FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WATERS, JAMES J		NAME		
STREET ADDRESS	3506 BAYFAIR PLACE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Camm, Kelly	
STREET ADDRESS			STREET ADDRESS	595 Ranch Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Tarpon Springs, FL 34688	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Martha Camm</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/27/06 727-9382411 <small>Date Daytime Phone #</small>		