


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 027 ***150.00

DOCUMENT # 386308 <small>Entity Name</small> 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 - No P.O. Box #			3. Mailing Address		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		4. FEI Number 59-1310833	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEACOCK, RAY 2348 SUNSET POINT ROAD SUITE E CLEARWATER, FL 33765				7. Name and Address of New Registered Agent <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small>	
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.				FL <small>Zip Code</small>	
SIGNATURE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing <small>Trust Fund Contribution.</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	SD CAMM, MARTHA 1900 RICHARD ERVIN PKWY TARPON SPRINGS, FL	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	CD CAMM, W T 1900 RICHARD ERVIN PKWY TARPON SPRINGS, FL	<input checked="" type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	PD CAMM, WILLIAM T II 595 RANCH ROAD TARPON SPRINGS, FL	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	D WATERS, JAMES J 3506 BAYFAIR PLACE TAMPA, FL	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	TD CAMM, KELLY 595 RANCH RD TARPON SPRINGS, FL 34688	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete				
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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> Martha Camm			04.17.07		727.938.2411
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>