2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 386308

FILED Apr 13, 2009 Secretary of State

Entity Name: SUNCOAST PAVING, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
800 ANCLO TARPON S	DTE ROAD PGS., FL 346	89				
Current Mailing Address:			New Mailing Address:			
800 ANCLO TARPON S	DTE ROAD PGS., FL 346	89				
FEI Number: 59-1310833 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()				
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
2348 SUNS SUITE E CLEARWA	SET POINT RC TER, FL 3376	5 US	rnoso of changing i	ts registered office or	registered agent or both	
in the State		ubmits this statement for the pur	rpose or changing i	is registered office or	registered agent, or both,	
SIGNATUR						
	Electron	ic Signature of Registered Agen	t		Date	
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	SD () CAMM, MARTHA 1900 RICHARD TARPON SPRIN	ERVIN PKWY	Title: Name: Address: City-St-Zip:	PD (X) Change CAMM, MARTHA 1900 RICHARD ERVIN TARPON SPRINGS, FL		
Title: Name: Address: City-St-Zip:	PD () CAMM, WILLIAM 595 RANCH RO TARPON SPRIN	AD	Title: Name: Address: City-St-Zip:	VPD (X) Change CAMM, WILLIAM T II 595 RANCH ROAD TARPON SPRINGS, FL	34688 US	
Title: Name: Address: City-St-Zip:	D (X) WATERS, JAME 3506 BAYFAIR I TAMPA, FL		Title: Name: Address: City-St-Zip:	()Change	() Addition	
Title: Name: Address: City-St-Zip:	TD () CAMM, KELLY 595 RANCH RD TARPON SPRIN	Delete IGS, FL 34688	Title: Name: Address: City-St-Zip:	STD (X) Change CAMM, KELLY 595 RANCH RD TARPON SPRINGS, FL	34688 US	
Title: Name: Address: City-St-Zip:	VP () TUSCANO, CAR 39022 1ST AVE ZEPHYRHILLS,		Title: Name: Address: City-St-Zip:	()Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA L. CAMM PD 04/13/2009