


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90669 026 ***150.00

| | | | | | |
|---|--|---|--|---|--|
| DOCUMENT # 573131 1. Entity Name STATEWIDE PAVING, INC. | | | |  | |
| Principal Place of Business 139 PHILLIPS DAIRY RD PALATKA, FL 32177 | | | Mailing Address P.O. BOX 552 EAST PALATKA, FL 32131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | 4. FEI Number 59-1835168 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent BURKES, CAROL A 139 PHILLIPS DAIRY ROAD PALATKA, FL 32177 | | | | 7. Name and Address of New Registered Agent Name Lana Kaye Burkes Street Address (P.O. Box Number is Not Acceptable) 139 Phillips Dairy Road City Palatka FL Zip Code 32177 | |
| 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 Lana Kaye Burkes, Lana Kaye Burkes, Secretary, 4-29-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | PD BURKES, CAROL A 139 PHILLIPS DAIRY ROAD PALATKA, FL 32177 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD Burkes, Carol A. 139 Phillips Dairy Rd. Palatka FL 32177 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BURKES, LANA KAYE 139 PHILLIPS DAIRY ROAD PALATKA, FL 32177 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BURKES, RANDALL C PHILLIPS DAIRY ROAD PALATKA, FL 32177 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Burkes, Randall C 139 Phillips Dairy Rd. Palatka, FL 32177 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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. | | | | | |
| SIGNATURE: Lana Kaye Burkes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-29-04 386-328-5041 <small>Date Daytime Phone #</small> | | |

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