2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 02, 2004 8:00 am Secretary of State **DOCUMENT #612906** 04-02-2004 90031 036 ***150 00 1. Entity Name CHARLIE FRYMYER PAVING, INC. Principal Place of Business Mailing Address 201 NW 20TH AVENUE 201 NW 20TY AVENUE FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 03302004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1886792 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent FRIONA, SR., PHILIP DO NOT WRITE 2603 NW 103 AVE BLDG, 190, APT, 108 IN THIS SPACE SURISE, FL 3332 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSD TITLE FRIONA, PHILIP SR NAME STREET ADDRESS 2603 NW 103 AVE., BLDG. 190, APT. 108 CITY-ST-7IP SURISE, FL 33332 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

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:

CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> Phalip turna Sr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Philip Friona SR

3-30-04

954-522-5680

Date

FILED