

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 612906

1. Entity Name
CHARLIE FRYMYER PAVING, INC.



Principal Place of Business
201 NW 20TH AVENUE
FT LAUDERDALE, FL 33311 US

Mailing Address
201 NW 20TH AVENUE
FT LAUDERDALE, FL 33311 US



02162005 No Chg-P CR2E034 (10/03)

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4. FEI Number
59-1886792

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIONA, SR., PHILIP
2603 NW 103 AVE
BLDG. 190, APT. 108
SURISE, FL 3332

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IN THIS SPACE

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

Philip Friona Sr.

4-11-05

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FRIONA, PHILIP SR
2603 NW 103 AVE., BLDG. 190, APT. 108
SURISE, FL 33332

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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04/14/05-80023-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Philip Friona Sr. PHILIP FRIONA SR.

4-11-05

954-4448800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #