

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 694958

FILED
Jan 23, 2008
Secretary of State

Entity Name: AJAX PAVING INDUSTRIES, INC. OF FLORIDA

Current Principal Place of Business:

510 GENE GREEN ROAD
NOKOMIS, FL 342753624 US

New Principal Place of Business:

Current Mailing Address:

510 GENE GREEN RD
NOKOMIS, FL 342753624 US

New Mailing Address:

FEI Number: 38-2369567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORAN, MICHAEL A
510 GENE GREEN RD
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSTV () Delete
Name: JACOB, JAMES A.,
Address: PO BOX 7058
City-St-Zip: TROY, MI 48007 US

Title: D () Delete
Name: JACOB, STEVEN,
Address: PO BOX 7058
City-St-Zip: TROY, MI 48007 US

Title: P () Delete
Name: HORAN, MICHAEL A
Address: 510 GENE GREEN RD
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP () Delete
Name: MINICH, MARK O
Address: 510 GENE GREEN ROAD
City-St-Zip: NOKOMIS, FL 34275 US

Title: VP () Delete
Name: HAFELI, VINCE L
Address: 510 GENE GREEN ROAD
City-St-Zip: NOKOMIS, FL 34275 US

Title: S () Delete
Name: ALVARO, CHRISTIE A
Address: 510 GENE GREEN ROAD
City-St-Zip: NOKOMIS, FL 34275 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL A HORAN

P

01/23/2008

Electronic Signature of Signing Officer or Director

Date