2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90329 013 ***158.75

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1. Entity Name
STATE PAVING CORPORATION

14UU1588

Principal Place of Business	Mailing Address
3100 N 29TH COURT HOLLYWOOD, FL 33020 US	3100 N 29TH COURT HOLLYWOOD, FL 33020 US

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
3800 NORTH 29th. AVE	3800 NORTH 29th. AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State: HOLLYWOOD FL
Zip: 33020 Country: USA	Zip: 33020 Country: USA

4. FEI Number: 23-1635137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ELKINS, HERBERT J. 4400 CASPER COURT HOLLYWOOD, FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	COBP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELKINS, HERBERT J		NAME		
STREET ADDRESS	4400 CASPER CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	DV	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ELKINS, IONE		NAME		
STREET ADDRESS	4400 CASPER CT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GREEN, DONNA		NAME		
STREET ADDRESS	3100 N 29TH COURT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	AS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODRIGUEZ, MONIQUE		NAME		
STREET ADDRESS	4725 ADAMS ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: HERBERT J. ELKINS C.O.B. 4/8/04 954-923-4747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #