


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 17, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000003282</b> 1. Entity Name PAVEMENT SAVERS, INC.	
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Principal Place of Business 411 SHEARER BLVD COCOA, FL 32922	Mailing Address PO BOX 1923 COCOA, FL 32923
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**DO NOT WRITE IN THIS SPACE**



05102006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>38-3402037</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  O'CONNOR, PATRICK 411 SHEARER BLVD COCOA, FL 32922	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDST SANDULA, PHILIP 4460 BISHOP RD. DRYDEN, MI 48428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'CONNOR, PATRICK 411 SHEARER BLVD COCOA, FL 32922
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05/20/06-80116-005 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **5-10-09 321-635-9500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #