

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F59465

Entity Name: V. A. PAVING, INC.

FILED
Jun 30, 2004
Secretary of State

Current Principal Place of Business:

% VIRGINIA O. MALLARD
2955 LAKE DRIVE
COCOA, FL 329264334

New Principal Place of Business:

Current Mailing Address:

% VIRGINIA O. MALLARD
2955 LAKE DRIVE
COCOA, FL 329264334

New Mailing Address:

FEI Number: 59-2147362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALLARD, VIRGINIA O.
2955 LAKE DR
COCOA, FL 32922

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

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: HART, TERRI
Address: 4108 FISHERMANS PLACE
City-St-Zip: COCOA, FL

Title: V () Delete
Name: MALLARD, ARNOLD A JR,
Address: 2125 DALE LANE
City-St-Zip: COCOA, FL

Title: TD () Delete
Name: MALLARD, ARNOLD A. S
Address: 2955 LAKE DR.
City-St-Zip: COCOA, FL

Title: VD () Delete
Name: MALLARD, VIRGINIA,
Address: 2955 LAKE DR
City-St-Zip: COCOA, FL

Title: PO () Delete
Name: SOREY, DEBRA,
Address: 2055 DEVONSHIRE AVE.
City-St-Zip: COCOA, FL

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
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 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 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: DEBRA M. SOREY

PO

06/30/2004

Electronic Signature of Signing Officer or Director

_____ Date