



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90004 042 \*\*\*158.75

<b>DOCUMENT # F59465</b> 1. Entity Name <b>V. A. PAVING, INC.</b>					
Principal Place of Business <b>% VIRGINIA O. MALLARD</b> <b>2955 LAKE DRIVE</b> <b>COCOA, FL 32926-4334</b>			Mailing Address <b>% VIRGINIA O. MALLARD</b> <b>2955 LAKE DRIVE</b> <b>COCOA, FL 32926-4334</b>		
2. Principal Place of Business <b>c/o Debra M Sorey</b>		3. Mailing Address <b>c/o Debra M Sorey</b>		<b>50001714</b>  	
Suite, Apt. #, etc. <b>2955 Lake Drive</b>		Suite, Apt. #, etc. <b>2955 Lake Drive</b>		01052005    Chg-P    CR2E034 (10/03)	
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>		4. FEI Number <b>59-2147362</b>	
Zip <b>32926-4334</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MALLARD, VIRGINIA O.</b> <b>2955 LAKE DR</b> <b>COCOA, FL 32922</b>				7. Name and Address of New Registered Agent Name <b>Sorey, Debra M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2955 Lake Drive</b>  City <b>Cocoa</b> <b>FL</b> <b>32926</b>	
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 <u><i>Debra M Sorey</i></u> <b>1/5/05</b> <small>Signature, typed or printed name of registered agent and date is applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HART, TERRI 4108 FISHERMANS PLACE COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALLARD, ARNOLD A JR 2125 DALE LANE COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MALLARD, ARNOLD A. S 2955 LAKE DR. COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALLARD, VIRGINIA 2955 LAKE DR COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO SOREY, DEBRA 2055 DEVONSHIRE AVE. COCOA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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: <u><i>Debra M Sorey</i></u> <small>Signature, typed or printed name of signing officer or director</small>			<b>1/5/05</b> <small>Date</small>		<b>321-636-2565</b> <small>Daytime Phone #</small>