

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F59465

Entity Name: V. A. PAVING, INC.

FILED
May 10, 2007
Secretary of State

Current Principal Place of Business:

% DEBRA M SOREY
2955 LAKE DRIVE
COCOA, FL 329264334

New Principal Place of Business:

Current Mailing Address:

% DEBRA M SOREY
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:

SOREY, DEBRA M
2955 LAKE DR
COCOA, FL 32926 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

OFFICERS AND DIRECTORS:

Title: VS () Delete
Name: HART, TERRI M
Address: 4108 FISHERMANS PLACE
City-St-Zip: COCOA, FL 32926

Title: V () Delete
Name: MALLARD, ARNOLD A JR,
Address: 2125 DALE LANE
City-St-Zip: COCOA, FL 32926

Title: TD () Delete
Name: MALLARD, ARNOLD A
Address: 2955 LAKE DR
City-St-Zip: COCOA, FL 32926

Title: VD () Delete
Name: MALLARD, VIRGINIA O,
Address: 2955 LAKE DR
City-St-Zip: COCOA, FL 32926

Title: P () Delete
Name: SOREY, DEBRA M,
Address: 2055 DEVONSHIRE AVE.
City-St-Zip: COCOA, FL 32926

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VSD (X) Change () Addition
Name: HART, TERRI M
Address: 4108 FISHERMANS PLACE
City-St-Zip: COCOA, FL 32926

Title: VD (X) Change () Addition
Name: MALLARD, ARNOLD A JR,
Address: 2125 DALE LANE
City-St-Zip: COCOA, FL 32926

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

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

Title: PD (X) Change () Addition
Name: SOREY, DEBRA M,
Address: 2055 DEVONSHIRE AVE.
City-St-Zip: COCOA, FL 32926

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: DEBRA M SOREY

PD

05/10/2007

Electronic Signature of Signing Officer or Director

Date