


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 10, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G43630</b> 1. Entity Name HAROLD PRATT PAVING AND SEALING, INC.	
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Principal Place of Business 2242 BRUNER LANE, SE FT. MYERS, FL 33912	Mailing Address 2242 BRUNER LANE, SE FT. MYERS, FL 33912
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**DO NOT WRITE IN THIS SPACE**



09072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2344688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  PRATT, HAROLD W. 2242 BRUNER LANE, SE FT. MYERS, FL 33912	<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.

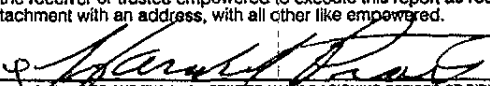
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U000000172059 09/10/04-80001-013 550.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRATT, HAROLD W. 2242 BRUNER LANE, SE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRATT, HAROLD H. 18291 CUTLESS DRIVE FT. MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PRATT, BERDENETH 18291 CUTLESS DRIVE FT. MYERS BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  Sept 7, 2004 239-489-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #