2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 Al Secretary of State

ANNUAL REPURI				Secretary of Sta			
	JMENT # H61515				, L	occicia	ny or Sta
1. Entity Na FLORID	me A PAVING AND LANDSCAPIN	G CO. INC.					
Principal Pla	ice of Business	Mailing Address		1			
13632 W R Largo, FL	ENA DRIVE 33771 US	13632 W RENA DRIVE LARGO, FL 33771 US				. <i>6(6() 618</i> () 818() 818()	P:D:
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1	NO NOT VARIE			4. FEI Number 59-2653		-,-,	Applied For Not Applicable
					f Status Desired		75 Additional Required
	6. Name and Address of Current Re	gistered Agent		1	in the second		:
MEARES	, JOHN R			no	NOT W	DITE	
321 10TH INDIAN R	I AVE ROCKS BEACH, FL 33785				Westernam and American	-0 5 CA. 28.0	
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	re named entity submits this statement for thations of registered agent.	e purpose of changing its registe	red office or register	red agent, or both	, in the State of Fk	orida. I am famili	ar with, and accept
	ations of registered agent.		red office or register		, in the State of Fk	orida. I am famili	ar with, and accept
signature	ations of registered agent.	utle il applicable. (NOTE: Registe 9. Election Campaign Fine	ed Agent signature required		, in the State of Fk		ar with, and accept
signature	Signature, typed or printed name of registered agent and LE NOW!!! FEE IS \$150.00 May 1, 2007 Fee will be \$550.00 OFFICERS AND DIF	9. Election Campaign Fina Trust Fund Contribution	ed Agent signature required	d when renstating)	, in the State of Fk		ar with, and accept
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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:

CITY-ST-ZIP

NATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07

Daytime Phone #