


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90013 030 \*\*\*150.00

<b>DOCUMENT # J59239</b> 1. Entity Name <b>METRO PAVING &amp; DEVELOPMENT, INC.</b>					
Principal Place of Business POST OFFICE BOX 574031 ORLANDO, FL 32806			Mailing Address POST OFFICE BOX 574031 ORLANDO, FL 32806		
2. Principal Place of Business <b>5313 Patch Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>Post Office Box 574031</b> Suite, Apt. #, etc.			
City & State <b>Orlando, Florida</b>		City & State <b>Orlando Florida</b>		4. FEI Number <b>59-2783487</b>	
Zip <b>32822</b>		Country <b>Orange</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>32822</b>		Country <b>Orange</b>		6. Name and Address of Current Registered Agent <b>TISCHLER, GEORGE W JR</b> <b>9714 SUNDERSON ROAD</b> <b>ORLANDO, FL 32825</b>	
7. Name and Address of New Registered Agent Name <b>Tischler, George W. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>8017 Moritz Court</b> City <b>Orlando</b> <b>FL</b> Zip Code <b>32825</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>George W. Tischler Jr</u> <u>George W Tischler Jr</u> <u>VD</u> <u>1-22-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <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	VD TISCHLER, GEORGE W JR 9714 SUNDERSON ROAD ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Tischler, George W. Jr 8017 Moritz Court Orlando, Florida 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TISCHLER, LESLIE A 9714 SUNDERSON ROAD ORLANDO, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Tischler, Leslie A. 8017 Moritz Court Orlando, Florida 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>George W Tischler Jr</u> <u>George W. Tischler Jr, VD</u> <u>1-22-04</u> <u>407-380-1144</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					