

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # K46207**

1. Entity Name  
PAVERMODULE OF FLORIDA, INC.



Principal Place of Business  
1590 N ANDREWS AVE EXT  
POMPANO BEACH, FL 33069

Mailing Address  
1590 N ANDREWS AVE EXT  
POMPANO BEACH, FL 33069



**DO NOT WRITE IN THIS SPACE**

04262005 No Chg-P CR2E034 (10/03)

4. FEI Number  
52-1632538

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CHATELLIER, RICHARD P  
1590 N ANDREWS AVE EXT  
POMPANO BEACH, FL 33069

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

UN0000344653  
04/30/05-80004-003 150.00

**10. OFFICERS AND DIRECTORS**

TITLE C  
NAME GRAVEL, GUY  
STREET ADDRESS 1361 SOUTH OCEAN BLVD., #407  
CITY-ST-ZIP POMPANO BEACH, FL 330627160

TITLE DP  
NAME CHATELLIER, RICHARD P  
STREET ADDRESS 3610 BAYVIEW DRIVE  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE DVTS  
NAME PARKS, CHARLES G  
STREET ADDRESS 1900 SOUTH CLUB DRIVE  
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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)(f), 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:

*Charles G Parks*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date

954-972-7400

Daytime Phone #