


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90198 030 ***150.00

DOCUMENT # K46213			
1. Entity Name PAVERMODULE, 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04282005 Chg-P CR2E034 (10/03)	
		4. FEI Number 98-0099826	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHATELLIER, RICHARD P 1590 N ANDREWS AVE EXT POMPANO BEACH, FL 33069		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	
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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAVEL, GUY <input type="checkbox"/> Delete 1361 SOUTH OCEAN BLVD., #407 POMPANO BEACH, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN BAARSEL, ROBERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1590 N. ANDREWS AVE. EXT. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CHATELLIER, RICHARD P <input type="checkbox"/> Delete 3610 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JAMES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1991 SOUTH KANNER HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS PARKS, CHARLES G <input type="checkbox"/> Delete 1900 SOUTH CLUB DRIVE WELLINGTON, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUERST, SCOTT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 E. BROWARD BLVD, PO BOX 1900 FORT LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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>Chas A Pan</u>		Date: <u>4/28/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	