

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L50179

1. Entity Name
PAVE-RITE, INC.



Principal Place of Business

**3411 W. CRIGGER CT.
LECANTO, FL 33461**

Mailing Address

**P.O. BOX 670
LECANTO, FL 33461**

DO NOT WRITE IN THIS SPACE



03292007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2992809

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DELGADO, L MICHAEL
1306 S E KINGS BAY DRIVE
CRYSTAL RIVER, FL 34429**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DELGADO, L. MICHAEL
STREET ADDRESS	1306 S E KINGS BAY DR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	VD
NAME	KORSTICK, JEFFREY
STREET ADDRESS	6017 N PUEBLO TERRACE
CITY-ST-ZIP	DUNNELLON, FL 34433
TITLE	ST
NAME	RONEY, JOAN
STREET ADDRESS	1155 DARTMOUTH TERR.
CITY-ST-ZIP	INVERNESS, FL
TITLE	D
NAME	DELGADO, NANCY
STREET ADDRESS	1306 S E KINGS BAY DR
CITY-ST-ZIP	CRYSTAL RIVER, FL 34429
TITLE	D
NAME	KORSTICK, JAYNE
STREET ADDRESS	1769 N PROSPECT AVE
CITY-ST-ZIP	LECANTO, FL 34461
TITLE	VD
NAME	AZZARELLI, JOSEPH R
STREET ADDRESS	97 ANTON CT
CITY-ST-ZIP	HOMOSASSA, FL 34446

000000685632
04/08/07-80013-015 150.00

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IN THIS SPACE**

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: *Joan B Roney* **JOAN B RONEY**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 23, 2007 352.621.1600

Date

Daytime Phone #