

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 12, 2005  
Secretary of State**

DOCUMENT# N02000009193

Entity Name: ST. CLOUD PAVEMENT POUNDERS, INC.

**Current Principal Place of Business:**

PO BOX 700836  
SAINT CLOUD, FL 34770

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 700836  
SAINT CLOUD, FL 34770

**New Mailing Address:**

FEI Number: 20-0367324      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SNYDER, MICHAEL D  
4912 ZION DRIVE  
ST CLOUD, FL 34774      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: SNYDER, MICHAEL D  
Address: 4912 ZION DR  
City-St-Zip: ST CLOUD, FL 34774

Title: VP      ( ) Delete  
Name: BERNETTE-SNYDER, DAYCI  
Address: 4912 ZION DRIVE  
City-St-Zip: ST CLOUD, FL 34774

Title: DM      ( ) Delete  
Name: NYROS, JOSHUA  
Address: 722 COUNTRY WOODS CIR  
City-St-Zip: KISSIMMEE, FL 34744

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D. SNYDER

P

05/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date