## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Jun 02, 2004 8:00 am Secretary of State **DOCUMENT # N99000003889** 06-02-2004 90001 001 \*\*\*\*61 25 LAFAYETTE ACRES ROAD PAVING, INC. Principal Place of Business Mailing Address **6566 CHEVY WAY DRIVE 6566 CHEVY WAY DRIVE** 54056350 TALLAHASSEE, FL 32311 TALLAHASSEE, FL 3231T 2. Principal Place of Business 6566 CHEVY L Mailing Address 566 Chevy WS Suite, Apt. #, etc. 03222003 Cha-NP CR2E037 (10/03) gity & State 4. FEI Number 59-3660522 City & Stafe Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired em eon 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOVE, JOYCE SIBSON ESQ. Street Address (P.O. Box Number is Not Acceptable) 2074 THOMASVILLE RD. TALLAHASSEE, FL 32812 hossee 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 DATE (NOTE: Registered Agent signature required when reinstating Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be П Florida Department of State Due by September 8, 2004 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTØRS IN 10 10. 11. TITLE Delete TITLE PACE, WILLIAM R NAME NAME Change Zip Code to 32317 STREET ADDRESS 6566 CHEVY WAY DRIVE STREET ADDRESS TALLAHASSEE, FL 32311 CITY-ST-ZIP CITY-ST-ZIP D TITLÉ ☐ Delete TITE F SMITH, RICHARD NAME NAME 6688 CHEVY WAY DRIVE STREET ADDRESS STREET ADDRESS TALLAHASSEE, FL 32811 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE REESE, ANDREW J NAME MARKE STREET ADDRESS 6670 CHEVY WAY DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32211 CITY-ST-ZIP Delete TITLE TITLE NAME STREET ADDRESS STREET ATIORESS CITY-ST-ZIF CITY-ST-ZIF ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP tine ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 617, 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.

FILED