


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000003889 1. Entity Name LAFAYETTE ACRES ROAD PAVING, INC.	
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Principal Place of Business 6566 CHEVY WAY DRIVE TALLAHASSEE, FL 32317	Mailing Address 6566 CHEVY WAY DRIVE TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



08072006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3660522	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

DOVE, JOYCE SIBSON ESQ.
203 N. FRANKLIN BLVD
TALLAHASSEE, FL 32301

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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 _____

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PACE, WILLIAM R
STREET ADDRESS	6566 CHEVY WAY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	SMITH, RICHARD
STREET ADDRESS	6688 CHEVY WAY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	D
NAME	REESE, ANDREW J
STREET ADDRESS	6670 CHEVY WAY DRIVE
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 08/09/06-80005-007 61.25

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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 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.

SIGNATURE: W.R. Pace William R. Pace 8/7/06 850-656-1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #