

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000045483

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** A SUPERIOR PAVERS, INC.

**Current Principal Place of Business:**

16895 ORANGE BLVD  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

1408 BETA CIRCLE  
LAKE CLARKE SHORES, FL 33406 US

**Current Mailing Address:**

16895 ORANGE BLVD  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

1408 BETA CIRCLE  
LAKE CLARKE SHORES, FL 33406 US

**FEI Number:** 65-1006608

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHALLCROSS, THOMAS E  
16895 ORANGE BLVD  
LOXAHATCHEE, FL 33470 US

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

SHALLCROSS, THOMAS E  
1408 BETA CIRCLE  
LAKE CLARKE SHORES, FL 33406 US

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: THOMAS E SHALLCROSS

04/16/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SHALLCROSS, THOMAS E  
Address: 1408 BETA CIRCLE  
City-St-Zip: LAKE CLARKE SHORES, FL 33406

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS E SHALLCROSS

P

04/16/2012

Electronic Signature of Signing Officer or Director

Date