

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 11, 2005 8:00 am
Secretary of State

02-28-2005 90210 008 ***150.00
07-11-2005 90117 004 ***155.00

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07082005 Chg-P CR2E034 (10/03)

DOCUMENT # P01000101441			
1. Entity Name UNIVERSAL PAVING, INC.			
Principal Place of Business 2143 E ORLANDO RD ORLANDO, FL 32820		Mailing Address 2143 E ORLANDO RD ORLANDO, FL 32820	
2. Principal Place of Business 1244 N. County Road 13 Suite, Apt. #, etc.		3. Mailing Address 1244 N. County Road 13 Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32820 Country USA		Zip 32820 Country USA	
6. Name and Address of Current Registered Agent BURKE, TERRY 2143 E ORLANDO RD ORLANDO, FL 32820		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, TERRY 2143 E ORLANDO RD ORLANDO, FL 32820 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Terry Burke <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 7/7/05 Daytime Phone # 407-568-7613	