


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90036 048 ***150.00

DOCUMENT # P02000017479 1. Entity Name CUSTOM PAVERS, INC.					
Principal Place of Business P. O. BOX 6154 JACKSONVILLE, FL 32236-6154			Mailing Address P. O. BOX 6154 JACKSONVILLE, FL 32236-6154		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 30-0055178 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COLLINS, JULIE 2804 DOWNING ST. JACKSONVILLE, FL 32205			7. Name and Address of New Registered Agent Name <u>Brian M. Collins</u> Street Address (P.O. Box Number is Not Acceptable) <u>2454 Cedar Shores Cir</u> City <u>Jacksonville</u> FL Zip Code <u>32210</u>		
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 <u>Brian M. Collins</u> <u>Brian M. Collins Vice Pres.</u> <u>3-8-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COLLINS, JULIE P. O. BOX 6154 JACKSONVILLE, FL 322366154 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLLINS, BRIAN P.O. BOX 6154 JACKSONVILLE, FL 322366154 <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 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 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: <u>Brian M. Collins</u> <u>Brian M. Collins</u> <u>3-8-06</u> <u>904-509-4742</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					