## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000039003

Entity Name: PALERMO PAVERS, INC.

FILED Jan 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5019 ECLIPSE COURT 5900 PAINTED LEAF LANE

NAPLES, FL 34104 NAPLES, FL 34116

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 307 NAPLES, FL 341060307 POST OFFICE BOX 307 NAPLES, FL 34106

FEI Number: 01-0644584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PALERMO, TONY PALERMO, ANTHONY PRES.
5019 ECLIPSE COURT 5900 PAINTED LEAF LANE
NAPLES, FL 34104 US NAPLES, FL 34116 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: ANTHONY PALERMO 01/10/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition ( ) Delete Title: PRFS PALERMO, TONY PALERMO, ANTHONY PRES Name: Name: 5019 ECLIPSE COURT Address: 5900 PAINTED LEAF LANE Address: City-St-Zip: NAPLES, FL 34104 City-St-Zip: NAPLES, FL 34116

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY PALERMO PRES 01/10/2006