2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000041001

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address: City-St-Zip:

Entity Name: A&E INTERLOCKING PAVERS, INC.

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CARRASCO, ERIC

1150 TRELLIS AVENUE

SPRING HILL, FL 34606

FILED Feb 25, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
7281 SUNSHINE GROVE RD. #108 BROOKSVILLE, FL 34613				7281 SUNSHINE GROVE RD. SUITE 108 BROOKSVILLE, FL 34613 US				
Current Mailing Address:				New Mailing Address:				
7281 SUNSHINE GROVE RD. #108 BROOKSVILLE, FL 34613				7281 SUNSHINE GROVE RD. SUITE 108 BROOKSVILLE, FL 34613 US				
FEI Number:	03-0428081	FEI Number Applied For ()	FEI Numb	er Not Applic	cable ()	Certifi	icate of Status	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
SPRING HI The above in the State	LIS AVENUE LL, FL 34606 named entity su of Florida.	US bmits this statement for the pur	rpose of (changing its	s registered c	office o	r registered a	agent, or both,
SIGNATURE: Electronic Signature of Registered Agent				 Date				
Election Cam		Trust Fund Contribution ().					Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	PD ()D CARRASCO, MAY 1150 TRELLIS AV SPRING HILL, FL	/DA /ENUE 34606 relete	N A C	itle: lame: lddress: Dity-St-Zip:	CARRASCO, M 1150 TRELLIS SPRING HILL, VPD (X	1AYDA AVENUI FL 3460		
Name: Address: City-St-Zip:	CARRASCO, ABEL 1150 TRELLIS AVENUE SPRING HILL, FL 34606		Δ	lame: \ddress: City-St-Zip:	CARRASCO, A 1150 TRELLIS SPRING HILL,	AVENU		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

TD

SD

CARRASCO, ERIC

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SPRING HILL, FL 34606 US

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SPRING HILL, FL 34606 US

(X) Change () Addition

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SIGNATURE: MAYDA CARRASCO PD 02/25/2005