


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90031 025 ***150.00

DOCUMENT # P02000046732 1. Entity Name PAUL'S MASONRY & BANANA BAY LANDSCAPING, INC.			
Principal Place of Business 300 S.R. 26 2001 MELROSE, FL 32666		Mailing Address P.O. BOX 366 MELROSE, FL 32666	
2. Principal Place of Business - No P.O. Box # 5480 CHRISTIAN CAMP RD		3. Mailing Address P.O. Box 366	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Keystone Heights, FL.		City & State MELROSE, FL.	
Zip 32656		Zip 32666	
Country USA		Country U.S.A	
4. FEI Number 82-0550412		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REVAY, CHARLIE L 6854 HOLLY HILL RD. MELROSE, FL 32666		7. Name and Address of New Registered Agent Name CHARLIE L. REVAY Street Address (P.O. Box Number is Not Acceptable) 5480 Christian Camp Rd. City Keystone Heights, FL. FL Zip Code 32656	
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><i>Charlie L. Revay</i></u> CHARLIE L. REVAY - (D) 3/20/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	D REVAY, CHARLIE L 6854 HOLLY HILL RD. MELROSE, FL 32666 <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	D REVAY, PAUL D 6854 HOLLY HILL RD. MELROSE, FL 32666 <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 GAMBREL, NICK A 6854 HOLLY HILL RD. MELROSE, FL 32666 <input checked="" 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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><i>Charlie L. Revay</i></u> CHARLIE L. REVAY 3/29/08 352 214-1320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			