

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000113198

1. Entity Name
HOWARD'S PAVING, INC.



Principal Place of Business -- Mailing Address

**1801 NW 9TH PLACE
 FT. LAUDERDALE FL 33311** **510 NORTHWEST 34TH AVENUE
 FT. LAUDERDALE FL 33311**



2. Principal Place of Business 3. Mailing Address

1801 N.W. 9th Place *510 N.W. 34th Ave*

Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State City & State

Ft. Lauderdale, Fla *Ft. Lauderdale, Fla*

Zip Country Zip Country

33311 *Broward* *33311* *Broward*

4. FEI Number Applied For

47-0899807 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROACH, HOWARD
 510 NORTHWEST 34TH AVENUE
 FT. LAUDERDALE FL 33311**

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 DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consenting)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, HOWARD	NAME	
STREET ADDRESS	510 NORTHWEST 34TH AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	CITY - ST - ZIP	1111111455829 03/16/06 80003-019 158.75
TITLE	DST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROACH, SARAH	NAME	
STREET ADDRESS	510 NORTHWEST 34TH AVENUE	STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
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CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Sarah Roach* Sarah Roach February 29, 06