


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 1801 NW 9TH PLACE FT. LAUDERDALE FL 33311	Mailing Address 510 NORTHWEST 34TH AVENUE FT. LAUDERDALE FL 33311
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2. Principal Place of Business 1801 N.W. 9th Place Suite, Apt. #, etc.	3. Mailing Address 510 N.W. 34th Ave Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/05)

City & State Ft. Lauderdale, Fla	City & State Ft. Lauderdale, Fla	4. FEI Number 47-0899807	Applied For <input type="checkbox"/> Not Applicable
Zip 33311	Country Broward	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when constituting) _____ DATE _____

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**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROACH, HOWARD 510 NORTHWEST 34TH AVENUE FT. LAUDERDALE FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1111111455829 03/16/06 00003-019 150.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST ROACH, SARAH 510 NORTHWEST 34TH AVENUE FT. LAUDERDALE FL 33311 <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	<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 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