


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2006 8:00 am**  
**Secretary of State**

07-10-2006 90028 047 \*\*\*150.00

<b>DOCUMENT # P03000000434</b>					
1. Entity Name <b>ROADWAY PAVING STONES, INC.</b>					
Principal Place of Business <b>3575 BENNINGTON DR #127 FT MYERS, FL 33919</b>			Mailing Address <b>3575 BENNINGTON DR #127 FT MYERS, FL 33919</b>		
2. Principal Place of Business <b>11634 ROYAL TEE CIRCLE</b>		3. Mailing Address <b>11634 ROYAL TEE CIRCLE</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b>		City & State <b>CAPE CORAL, FL</b>		4. FEI Number <b>56-2308102</b>	
Zip <b>33991</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>KAYUSA, MICHAEL F ESQ. 1922 VICTORIA AVE STE A FT MYERS, FL 33901</b>			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANISCO, JOE T		NAME		
STREET ADDRESS	3575 BENNINGTON DR #127		STREET ADDRESS	<b>11634 ROYAL TEE CIRCLE</b>	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	<b>CAPE CORAL, FL 33991</b>	
TITLE	VSTD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JANISCO, RICHARE A		NAME		
STREET ADDRESS	3575 BENNINGTON DR #127		STREET ADDRESS	<b>11634 ROYAL TEE CIRCLE</b>	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	<b>CAPE CORAL, FL 33991</b>	
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		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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		
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 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: <b>Richard A. Janisco</b> <b>RICHARE A. JANISCO</b> 7-5-06 239-850-4366					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

**50022054**



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