


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000019137	
1. Entity Name BIB PAVING, INC.	

Principal Place of Business 1700 SE 17TH ST STE 300 OCALA, FL 34471	Mailing Address 1700 SE 17TH ST STE 300 OCALA, FL 34471
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01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0503524	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 FUTCH, R. WILLIAM 610 SE 17TH ST OCALA, FL 34471
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**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, CHRIS 1700 SE 17TH ST STE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAXLEY, CHAD 1700 SE 17TH ST STE 300 OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D INMAN, BEAU 1700 SE 17TH ST STE 300 OCALA, FL 34471
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05/04/05-80150-014 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **4/27/05 861-2846**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #