

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000029747

1. Entity Name
S.G.S. PAVERS, INC.



Principal Place of Business
5633 MARSEILLES PORT LANE
BOYNTON BEACH, FL 33437

Mailing Address
5633 MARSEILLES PORT LANE
BOYNTON BEACH, FL 33437

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90516 045 ***150.00

JU045306



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1682986	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	
\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SULLIVAN, EDWARD M JR
STREET ADDRESS	5633 MARSEILLES PORT LANE
CITY-ST-ZIP	BOYNTON BEACH, FL 33437

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 addressee, with all other like empowered.

SIGNATURE: *Edward M. Sullivan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05 561-436-7276

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**