

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRET
TALLAHASSEE, FLORIDA

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DOCUMENT # P03000104883					
1. Entity Name KODIAK PAVING, INC.					
Principal Place of Business 409 BUSINESS PARK WAY ROYAL PALM BEACH, FL 33411 3755 Fiscal Court Riviera Beach, FL 33414		Mailing Address 409 BUSINESS PARK WAY ROYAL PALM BEACH, FL 33411 P.O. Box 16337 WPB, FL 33416		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For: <input type="checkbox"/> Not Applicable	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 54-2134328	
City & State		City & State		6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent	
MATA, LUCKY 490 BUSINESS PARK WAY ROYAL PALM BEACH, FL 33411		3755 Fiscal Court Riviera Beach, FL 33414		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MATA, LUCKY		NAME		
STREET ADDRESS	14593 DRAFT HORSE LANE		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL-33411		CITY - ST - ZIP		
	P.O. Box 16337				
	33414				
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
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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 reports 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: _____		Date: 4/28/06		561-790-4771	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	