

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

P03000104883

<b>DOCUMENT # P03000104883</b> 1. Entity Name <b>KODIAK PAVING, INC.</b>					
Principal Place of Business <del>409 BUSINESS PARK WAY</del> <del>ROYAL PALM BEACH, FL 33411</del> <b>3755 Fiscal Court</b> <b>Riviera Beach, FL 33414</b>			Mailing Address <del>409 BUSINESS PARK WAY</del> <del>ROYAL PALM BEACH, FL 33411</del> <del>P.O. Box 16337</del> <b>WPB FL 33416</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MATA, LUCKY</b> <del>490 BUSINESS PARK WAY</del> <b>3755 Fiscal Court</b> <del>ROYAL PALM BEACH, FL 33411</del> <b>Riviera Beach, FL 33414</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 \$550.00</b> <b>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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MATA, LUCKY <del>14593 DRAFT HORSE LANE</del> <b>P.O. Box 16337</b> <del>WEST PALM BEACH, FL 33411</del> <b>33414</b>		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 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/28/06</b> <span style="float: right;">561-790-4771</span> <small>Daytime Phone #</small>		

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SECRET  
TALLAHASSEE, FLORIDA

66019737



05192006 Chg-P CR2E034 (11/05)

4. FEI Number  
**54-2134328**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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)  
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**FILE NOW!!! FEE IS \$550.00**  
**Due by September 6, 2006**

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

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**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/06** 561-790-4771  
Daytime Phone #