2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 24, 2004 8:00 am Secretary of State DOCUMENT # P03000126435 05-03-2004 90661 050 ***150.00 1. Entity Name BRADSHAW PAVING, INC. Principal Place of Business Mailing Address りじぶたりひひと 3414 DR. LOVE ROAD ORLANDO FL 32810 3414 DR. LOVE ROAD ORLANDO FL 32810 2. Principal Place of Business 3414 D.P. LOVE P.A. 3. Mailing Address Suite, Apt. #, etc. Suite Apt # CR2E034 (11/03) Applied For City & State City & State PL. ORUANDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired ISA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADSHAW, ROY R 3414 DR-LOVE ROAD-Street Address (R.O. Box Number is Not Acceptable) -ORLANDO FL 32810. 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 Signature, typed or printed name of registered opent and title & applicable. (NOTE: Registered Agent signature required when (einstating) is -- DATE FILE NOW!!! FEE IS \$150.00 Balleria - ra PerilaB .: 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State Trust Fund Contribution. تَمَاعُ فَاللَّهُ وَكُولَامُ مِنْهُ الْمُعَامِدِ * Added to Fees OFFICERS AND DIRECTORS (1220) **11.** 0 1 1 1 1 1 1 1 1 1 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 111 OF 10. OW UHE mu Delette 1 TITLE Change . Addition POUR BEADSHAW 3414 DE LOVE ED NAME NAME STREET ADDRESS STREET ANDRESS ORANDO, FL. 3280 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE ☐ Detete TITLE HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE ☐ Delete NAME' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE THLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 of 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 Davisme Phone 8

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