

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90711 001 \*\*\*450.00

**DOCUMENT # P03000129831**

1. Entity Name  
**NATIONAL CURB & PAVER, INC.**



Principal Place of Business  
**6238 UNIVERSITY BLVD. #15  
WINTER PARK, FL 32972**

Mailing Address  
**6238 UNIVERSITY BLVD. #15  
WINTER PARK, FL 32972**

**66412874**



2. Principal Place of Business  
**6438 University Blvd.  
Suite #15**

3. Mailing Address  
**6438 University Blvd.  
Suite #15**

03022004 Chg-P CR2E034 (10/03)

City & State  
**Winter Park, FL**  
Zip  
**32792** Country  
**USA**

City & State  
**Winter Park, FL**  
Zip  
**32792** Country  
**USA**

4. FEI Number  
**86-1087117** Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GAUGHAN, RICK L  
6238 UNIVERSITY BLVD. #15  
WINTER PARK, FL 32972**

**7. Name and Address of New Registered Agent**

Name  
**GAUGHAN, RICK L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**6438 University Blvd.**  
City  
**Winter Park** FL Zip Code  
**32792**

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 *Chuck L. Gaughan* DATE 3/22/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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  
MARTIN, GARY  
4750 ROSEWOOD DR.  
ORLANDO, FL 32806** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TACORONTE, JESUS  
14443 DOVER FOREST DR.  
ORLANDO, FL 32828** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GAUGHAN, RICK L  
1800 ALAQUA LAKE BLVD.  
LONGWOOD, FL 32779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
MARTIN, GARY  
4750 ROSEWOOD DRIVE  
ORLANDO, FL 32806** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VICE PRESIDENT  
TACORONTE, JESUS  
14443 DOVER FOREST BLVD.  
ORLANDO, FL 32828** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TREASURER  
GAUGHAN, RICK L.  
1800 ALAQUA LAKE BLVD.  
LONGWOOD, FL 32779** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 address, with all other like empowered.

SIGNATURE: *Chuck L. Gaughan* DATE 3/22/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR