APPROVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LB
3-4-08

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01042008 Chg-P CR2E034 (12/06)

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000151445

1. Entity Name
COUCH BRICK PAVERS, INC.

Principal Place of Business	Mailing Address
36410 US HWY 19 N PALM HARBOR, FL 34684	36410 US HWY 19 N PALM HARBOR, FL 34684
2. Principal Place of Business - No P.O. Box # 2414 Merchant Ave.	3. Mailing Address 2414 Merchant Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Odessa, FL	City & State Odessa, FL
Zip 33556 Country USA	Zip 33556 Country USA

4. FEI Number
20-0489402
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
ALL FLORIDA FIRM INC. 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763	Name: Larry M. Couch Street Address (P.O. Box Number is Not Acceptable): 10712 Pontotino Circle City: Trinity FL Zip Code: 34655

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
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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD COUCH, LARRY M 36410 US HWY 19 N PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 02/01/08 90028-001 $150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 exemptions contained in Chapter 119, 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: Larry Couch 1-25-08 727-787-0304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #