


2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P03000157369 1. Entity Name WHITE'S PAVER SEALING, INC.	
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Principal Place of Business 20220 MANECKE RD. BROOKSVILLE, FL 34601-1251 US	Mailing Address 20220 MANECKE RD. BROOKSVILLE, FL 34601-1251 US
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DO NOT WRITE IN THIS SPACE

FILED
07 MAY -9 PM 3:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0593530	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

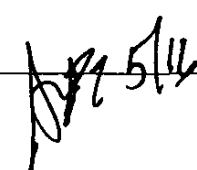
6. Name and Address of Current Registered Agent CARTER, ANNETTE W 20220 MANECKE RD. BROOKSVILLE, FL 34601-1251

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IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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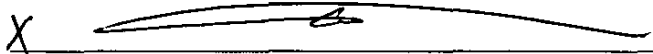
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CARTER, ANNETTE W 20220 MANECKE RD. BROOKSVILLE, FL 346011251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITE, MORGAN 20220 MANECKE RD. BROOKSVILLE, FL 346011251
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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700103099647
05/23/07--01019--016 **350.00

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: 	Date <u>4/27/07</u>	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		