2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 15, 2005 8:00 am
Secretary of State

05-25-2005 90004 050 ***150.00
06-15-2005 90093 004 *****8.75

DOCUMENT # P04000035396

1. Entity Name
GATOR INTERLOCKING PAVER, CORP.

Principal Place of Business	Mailing Address
1203 SWEET GUM DR BRANDON, FL 33511	1203 SWEET GUM DR BRANDON, FL 33511

2. Principal Place of Business	3. Mailing Address
1203 SWEET GUM DR	1203 SWEET GUM DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRANDON FLORIDA	City & State: BRANDON FL
Zip: 33511 Country: HILLSBOROUGH	Zip: 33511 Country: HILLSBOROUGH

01222005 Chg-P CR2E034 (10/03)

4. FEI Number: 20-0779278 — 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
DINIZ, MARCELO N MR 1203 SWEET GUM DR BRANDON, FL 33511	Name Street Address (P.O. Box Number is Not Acceptable) City: FL 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 agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 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	P DINIZ, MARCELO N MR 1203 SWEET GUM DR BRANDON, FL 33511 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DINIZ, LEANDRO N MR 925 MEIZNER REAL APT# 301 BRANDON, FL 33511 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR NICOSIA, ANTONIO E MR 705 PROVIDENCE TRACE #301 BRANDON, FL 33511 ☒ 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
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

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #