# 2006 FOR PROFIT CORPORATION . ANNUAL REPORT (AR)

### Mar 20, 2006 8:00 am **Secretary of State DOCUMENT # P04000045365** 1. Entity Name 03-01-2006 90032 028 \*\*\*155.00 PAVER SAVER CO. Principal Place of Business Mailing Address 4614 MIRABELLA PL 4614 MIRABELLA PL. **LUTZ FL 33558 LUTZ FL 33558** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 2009 City & State City & State Applied For **AP-PLIED FOR** Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo\_ COLLETTI, RICHARD Street Address (P.O. Box Number is Not Acceptable) 4614 MIRABELLA PL. **LUTZ FL 33558** City Zio 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 SIGNATURE Spharme typed or priviled name of registered agent and life if applicable (NOTE: Registered Agest signaxire required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing/ \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Psyable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE ☐ Change ☐ Addition COLLETTI, RICHARD . . NAME NAME STREET ADDRESS STREET ADDRESS 4614 MIRABELLA PL. CITY-ST-ZIP LUTZ FL 33558 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NAME COLLETTI, NANCY NAME STREET ADDRESS STREET ADDRESS 4614 MIRABELLA PL CITY-ST-ZIP LUTZ FL 33558 CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST- 249. ☐ Delete TITS F TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 ell objer like empowered. SIGNATURE:

FILED



# ATTACHMENT 66 005914

# FLORIDA DEPARTMENT OF STATE Division of Corporations

March 3, 2006

PAVER SAVER CO. 4614 MIRABELLA PL. LUTZ, FL 33558

Subject: PAVER SAVER CO.

Reference Number:

P04000045365

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$155.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CJ ANNUAL REPORTS SECTION



DEPARTMENT OF THE TREASURY # PO400045365
HOLTSVILLE NY 00501-0023

Date of this notice: 03-31-2004

Employer Identification Number: 20-0880005

Form: SS-4

Number of this notice: CP 575 A

PAVER SAVER CO % RICHARD COLLETTI 4614 MIRABELLA PL LUTZ FL 33558

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB OF THIS NOTICE.

## WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

ATTACHMENT

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-0880005. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records

When filing tax documents, please use the label IRS provided. If that isn't possible, you should use your EIN and complete name and address shown above on all federal tax forms, payments and related correspondence. If this information isn't correct, please correct it using the tear off stub from this notice. Return it to us so we can correct your account. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

Based on the information from you or your representative, you must file the following form(s) by the date shown next to it.

Form 941 Form 1120 Form 940

07/31/2004 03/15/2005 01/31/2005

If you have questions about the form(s) or the due date(s) shown, you can call us at 1-800-829-4933 or write to us at the address at the top of the first page of this letter. If you need help in determining what your tax year is, you can get Publication 538, Accounting Periods and Methods, at your local IRS office.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a determination of your tax classification, you may seek a private letter ruling from the IRS under the procedures set forth in Revenue Procedure 98-01, 1998-1 I.R.B.7 (or the superceding revenue procedure for the year at issue).