

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

04-14-2005 90102 005 ***150.00

DOCUMENT # P04000072689 1. Entity Name PAVEMASTERS, INC.					
Principal Place of Business 1633 W MCNAB RD POMPNAO BEACH, FL 33069			Mailing Address 1633 W MCNAB RD POMPNAO BEACH, FL 33069		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
04052005		Chg-P		CR2E034 (10/03)	
4. FEI Number 22-3886413				☐ 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		
MALLIA, JOSEPH S 1633 W MCNAB RD POMPNAO BEACH, FL 33069			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 _____ DATE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))					
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	P ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MALLIA, JOSEPH S	NAME			
STREET ADDRESS	1633 W MCNAB RD	STREET ADDRESS			
CITY-ST-ZIP	POMPNAO BEACH, FL 33069	CITY-ST-ZIP			
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	MALLIA, STEPHEN J	NAME			
STREET ADDRESS	633 W MCNAB RD	STREET ADDRESS			
CITY-ST-ZIP	POMPNAO BEACH, FL 33069	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		4-11-05 954-943-9595 Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #			

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