

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90125 004 \*\*\*150.00

DOCUMENT # P04000098412

1. Entity Name  
GEO INTERLOCKING BRICK PAVING INC.



Principal Place of Business  
5537 110TH AV N  
# 104  
PINELLAS PARK, FL 33782

Mailing Address  
5537 110TH AV N  
# 104  
PINELLAS PARK, FL 33782

20021773



2. Principal Place of Business  
5509 110 AVE.

3. Mailing Address  
5509 110 AVE.

Suite, Apt. #, etc.  
# 108

Suite, Apt. #, etc.  
# 108

03202006 Chg-P CR2E034 (11/05)

City & State  
PINELLAS PARK, FL

City & State  
PINELLAS PARK, FL

4. FEI Number 20-1322479  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
33782

Country  
US

Zip  
33782

Country  
US

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

COPP, AMOS J JR.  
5537 110TH AV N  
# 104  
PINELLAS PARK, FL 33782

Name

Street Address (P.O. Box Number is Not Acceptable)

5509 110 AVE # 108

City PINELLAS PARK

FL

Zip Code 33782

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]*

03-24-06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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  
NAME COPP, GIONE D  
STREET ADDRESS 5537 110TH AV N  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE  
NAME  
STREET ADDRESS 5509 110 AVE # 108  
CITY-ST-ZIP PINELLAS PARK, FL 33782

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-24-06

Date

Daytime Phone #