


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State

07-28-2008 90029 020 ***150.00

DOCUMENT # P04000100014 1. Entity Name LEO PAVING & TRUCKING, INC.					
Principal Place of Business 2751 NW 18TH TERR OAKLAND PARK, FL 33311			Mailing Address 2751 NW 18TH TERR OAKLAND PARK, FL 33311		
2. Principal Place of Business - No P.O. Box # 2751 NW 18 Terr (Home)		3. Mailing Address 2751 NW 18 Terr			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State Oakland Park FL 33311		City & State Oakland Park FL 33311			
Zip 33311		Country Broward		Zip 33311	
Country Broward		Country Broward			
6. Name and Address of Current Registered Agent GILES, LEVEORN 2751 NW 18TH TERR OAKLAND PARK, FL 33311			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) Same 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE O	NAME GILES, LEVEORN		<input type="checkbox"/> Delete		
STREET ADDRESS 2751 NW 18TH TERR	CITY-ST-ZIP OAKLAND PARK, FL 33311		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE _____	NAME _____		<input type="checkbox"/> Delete		
STREET ADDRESS _____	CITY-ST-ZIP _____		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Leveorn Giles</i> LEVEORN Giles			Date 7/23/08 Daytime Phone # 974-484-0680		