

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000130817

Entity Name: PAVERS EXPRESS, INC.

FILED  
Jan 14, 2005  
Secretary of State

## Current Principal Place of Business:

10095 150TH CT. NORTH  
JUPITER, FL 33478

## New Principal Place of Business:

## Current Mailing Address:

10095 150TH CT. NORTH  
JUPITER, FL 33478

## New Mailing Address:

FEI Number: 20-1652506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PARSONS, MICHAEL  
10095 150TH CT. NORTH  
JUPITER, FL, FL 33478 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PARSONS, MICHAEL  
Address: 10095 150TH CT. NORTH  
City-St-Zip: JUPITER, FL 33478

Title: VP ( ) Delete  
Name: PARSONS, BRIAN  
Address: 10095 150TH CT. NORTH  
City-St-Zip: JUPITER, FL 33478

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL PARSONS

P

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date