


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90044 008 ***158.75

DOCUMENT # P04000167957 1. Entity Name PRO-PAVE CONTRACTORS, INC.					
Principal Place of Business 4071 WOLFE DRIVE MACCLENNEY, FL 32063			Mailing Address 4071 WOLFE DRIVE MACCLENNEY, FL 32063		
2. Principal Place of Business P.O. Box 61828			3. Mailing Address P.O. Box 61828		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Jacksonville, FL			City & State Jacksonville, FL		
Zip 32236			Zip 32236		
Country USA			Country USA		
4. FEI Number 30-0286489				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MALONEY, FRANK E. JR. 4071 WOLFE DRIVE MACCLENNEY, FL 32063			7. Name and Address of New Registered Agent Name Frank E. Maloney, Jr., P.A. Street Address (P.O. Box Number is Not Acceptable) 445 East Macclenny Avenue City Macclenny FL Zip Code 32063		
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: <u><i>Amy M. Dicks-Rios, President</i></u> DATE: <u><i>3-28-05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete DICKS-RIOS, AMY 4071 WOLFE DRIVE MACCLENNEY, FL 32063		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Dicks-Rios <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 61828 Jacksonville, FL 32236	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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 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: <u><i>Amy M. Dicks-Rios</i></u>			<u><i>3-28-05 (904) 838-6806</i></u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Date-time Phone #</small>		

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