


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90209 004 \*\*\*150.00

<b>DOCUMENT # P05000096306</b>																																																																																																																																																											
<b>1. Entity Name</b> PAVER QUEST INC.																																																																																																																																																											
<b>Principal Place of Business</b> 2240 MCMICHAEL ROAD SAINT CLOUD, FL 34771			<b>Mailing Address</b> 2240 MCMICHAEL ROAD SAINT CLOUD, FL 34771																																																																																																																																																								
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 3411 Magnolia Way																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
<b>City &amp; State</b>		City & State Punta Gorda, FL		<b>4. FEI Number</b> 20-3104436																																																																																																																																																							
<b>Zip</b>	<b>Country</b>	<b>Zip</b> 33950	<b>Country</b> USA	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																																							
<b>6. Name and Address of Current Registered Agent</b>  LOPES, PATRICIA A 2240 MCMICHAEL ROAD SAINT CLOUD, FL 34771			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code																																																																																																																																																								
<b>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.</b> SIGNATURE x <i>Patricia A. Lopes</i> PATRICIA A. LOPEZ <span style="float: right;">4/28/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																																											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<b>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.</b>																																																																																																																																																											
SIGNATURE: x <i>Patricia A. Lopes</i> PATRICIA A. LOPEZ <span style="float: right;">4/28/06</span> <span style="float: right;">941-637-8659</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																																											

